

REQUEST FOR ADMISSION OUTSIDE NORMAL AGE GROUP

Before completing this form, please carefully consider the information contained in the School's Admission Policy (published on the School's website and in hard copy form from the School's main office on request) and Paragraphs 2.18 to 2.20 of the DfE's School Admissions Code 2021.

Child's details:

Child's full legal name:	
Child's date of birth:	
Child's current age:	
Child's home address: (as defined in the Admission Policy)	

Parent's details:

Please only provide details for one parent below. No details of the other parent should be given. The definition of a "parent" in education law is set out in the School's Admission Policy.

Parent's full legal name:	
Parent's address: (if different to the above)	

Parent's email address:	
Parent's contact number:	

Year groups:	
Child's normal year group:	
Year group sought for Child:	

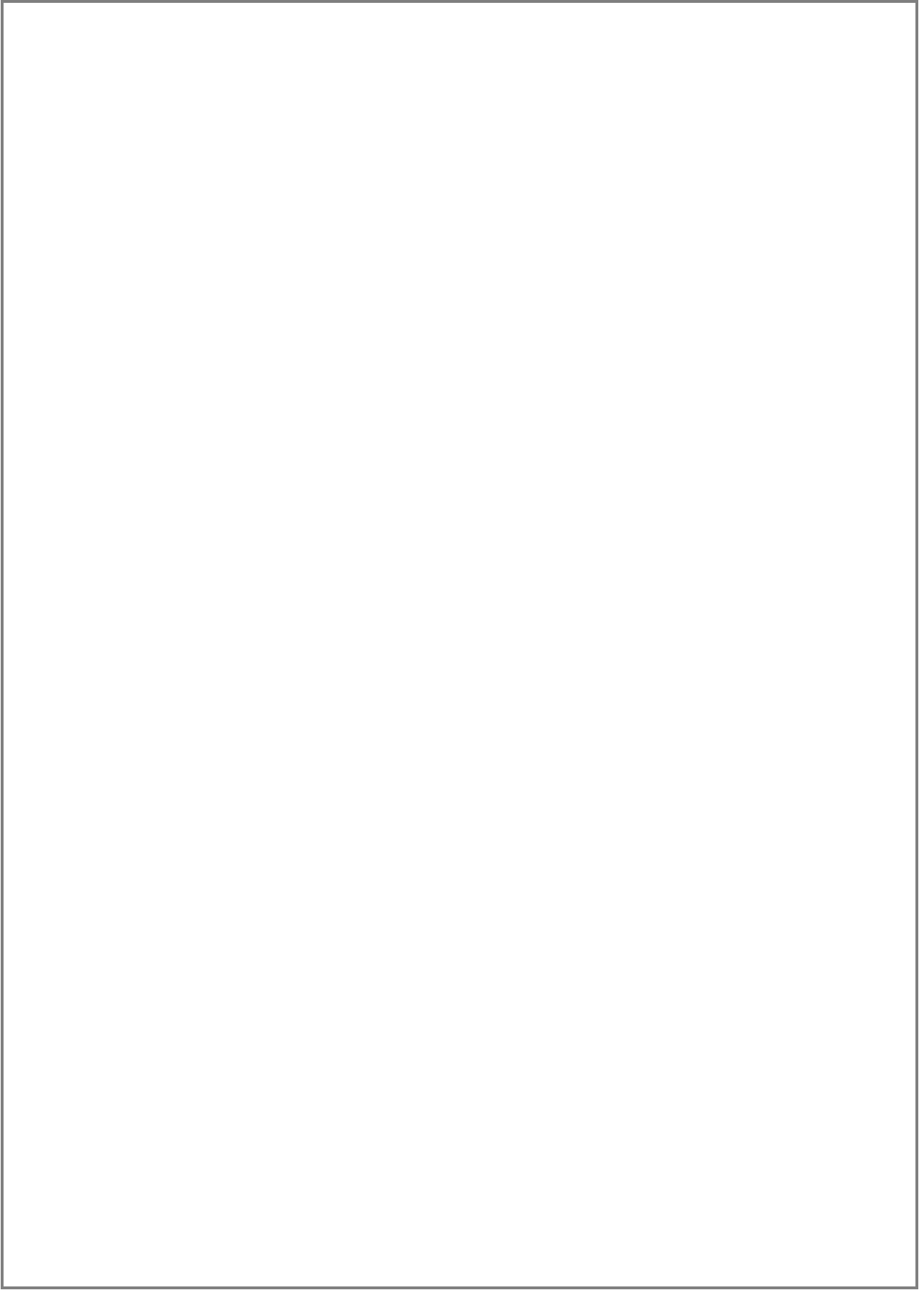
Parental Responsibility	
Are there any other adults with parental responsibility for Child?	
Are they in agreement with this move?	

Please set out below your reasons for asking for the child to be admitted to a year group outside their normal year group:

You should have regard to the following factors which the Admission Authority will take into account when considering whether or not to agree your request in principle:

- Information about the child's academic, social and emotional development;
- Where relevant, the child's medical history and the views of their medical professional;
- Whether the child has previously been educated outside their normal age group;
- Whether the child may naturally have fallen into a lower age group if it were not for being born prematurely.

This is not an exhaustive list - you should provide any other information you believe is relevant to your request.



Please list below documentation you have attached in support of your request, THIS MUST INCLUDE A LETTER FROM YOUR CURRENT HEADTEACHER CONFIRMING THAT THEY ARE HAPPY WITH THIS APPLICATION.

(for example, a letter/report from the child's GP, hospital consultant or other medical professional, social worker, home tutor, nursery teacher, etc.)

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I certify that the information that provided in this form is true and accurate, to the best of my knowledge and belief:

Signed:	
Full legal name:	
Dated:	

Please note, this request is not an application for admission. A separate application for admission must be made in the usual way at the appropriate time. We strongly encourage parents to make requests for admission outside normal age group well ahead of any deadlines for applying for admission, so that a decision in principle can be obtained and informed choices made.

This completed form and any supporting documents must be sent to:

Admissions, Fairfield High School Allfoxtan Rd, Horfield, Bristol BS7 9NL or email:

admissions@fairfield.excalibur.org.uk