

Request to delay admission for transfer to secondary school



This form is for parents and carers of summer-born children (children born between 1 April and 31 August), or those who want their child to be admitted or continue being educated out of their normal age group, to a community school in the Lewisham borough.

If we agree to your request, you can apply for a place for your child to transfer to secondary school with the year 6 class they are currently taught in.

Before you complete this form, read the guidance on delayed admission children at www.lewisham.gov.uk/delayedadmissions.

Please write in capital letters.

Child's full name:

Child's date of birth: DD / MM / YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---------------------------------------	---

Parent or carer's full name:

Permanent home address:

--

--

--

	Postcode:
--	-----------

Contact telephone number:

Email address

Name and address of current school:

--

--

--

	Postcode:
--	-----------

Was your child born prematurely? YES / NO (delete as applicable)
--

If yes, please tell us your child's due date: DD / MM / YYYY
--

List the name(s) of the community schools in the Lewisham borough where you want to apply outside of the normal age group.

1.
2.
3.
4.
5.
6.

You need to attach the original letter from the Local Authority or Admissions Authority school, confirming agreement for delaying your child's starting school. You should also attach the relevant professional information supporting the request. If the decision to decelerate your child's year group was made by the school, you will need to provide a letter from the Headteacher of the school confirming the decision.

Declaration

I confirm that the information provided on this form is true and accurate.

I have read the guidance on Lewisham Council's website and consent to this form being shared with the headteacher of the school(s) where I am applying for my child to start outside of the normal age group.

I confirm I have discussed my request with:

- my child's current school
- a member of the School Admissions and Appeals Team
- the headteacher(s) of the school(s) I want to apply for. Tell us which headteachers you have spoken to:

1.
2.
3.
4.
5.
6.

I confirm that I have submitted my application for a secondary class place in my child's normal age group by the closing date for applications.

Your online application reference number:

Signed:	Date: DD / MM / YYYY
---------	----------------------

You should return your completed form, along with any additional supporting documents, by 31 October to: secondaryschooladmissions@lewisham.gov.uk

Admissions and Appeals Team

Laurence House, 1 Catford Road, Catford SE6 4RU