

# Request to delay admission for starting primary school



This form is for parents and carers of summer-born children (children born between 1 April and 31 August), who want their child to be admitted 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 start reception class when they reach compulsory school age (i.e. the term following their fifth birthday).

Before you complete this form, read the guidance on delayed admission for summer-born children at [www.lewisham.gov.uk/summerborn](http://www.lewisham.gov.uk/summerborn).

**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	
Does your child currently get of early years provision: YES / NO (delete as applicable)	
If yes, tell us when your child began attending early years provision DD / MM / YYYY	
Name and address of early years provider:	
	Postcode:
Number of hours attended each week:	
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 a letter telling us why delaying your child's admission to the reception class is in your child's best interest. You should also attach any relevant professional information supporting your request too.

### 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 nursery or early years provider
- 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 reception class place in my child's normal age group by the closing date for applications.**

Your online application reference number:
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Signed:	Date: DD / MM / YYYY
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You should return your completed form, along with any additional supporting documents, by 15 January 2019 to:

### Admissions and Appeals Team

Laurence House, 1 Catford Road, Catford SE6 4RU