



**Request for Deferral of a Summer - Born Child**

Please return your completed form which can be downloaded from the website, along with any additional documentation you wish to be considered to: [schooladmissions@wokingham.gov.uk](mailto:schooladmissions@wokingham.gov.uk)

**This is not an application for a school place. Even if the request to defer is agreed, this does not mean that your child will receive automatic admission into any of the schools you have listed on this form – nor will it automatically mean your child will be kept in the same cohort when moving to secondary school.**

This form is for parents of summer born children (children born between 1 April to 31 August in any year) seeking approval for their child to be admitted out of their normal age group. If approved, you will be entitled to apply for a place for your child to start Year R (Reception) when he/she reaches compulsory school age (i.e., the term following their fifth birthday).

**You MUST complete a school application in addition to completing this form. Details of how to apply are online here:** [www.wokingham.gov.uk/schoolsadmissions](http://www.wokingham.gov.uk/schoolsadmissions)

**We will normally only accept applications from the child’s legal guardian/(s). If you have a private fostering arrangement, please provide the details in an accompanying letter.**

Child’s details	
First name:	Last name:
Date of birth:	Gender:
Permanent home address: <b><i>This must be the address where the child normally lives. Please refer to the definition of the home address in our booklet. The Admissions Team may check the address with data held by the Council Tax Department of Wokingham Borough Council.</i></b>	
Postcode:	
Current Early Years Provider:	

Parent/Carer’s details: <b>person with parental responsibility who lives with the child. This would normally be the address where the child lives for the majority of the school week. Please note we will only discuss the application with the person named below. If you wish for any other person to be authorised to discuss this application, you will need to provide the team with a letter of written authority naming the person who can also be given information about the application.</b>	
Mr / Mrs / Ms / Miss / Dr / Other (please indicate)	
First name:	Last name:
Relationship to child:	
Telephone number(s) Home:	Work/Mobile:
Email Address:	

Supporting Evidence				
Have you sought the advice of your child's current Early Years provider in respect of this request? <b>If YES, please attach any evidence or advice that you have received</b>	Yes		No	
Have you sought the advice of a medical professional in respect of this request? <b>If YES, please attach any evidence or advice that you have received</b>	Yes		No	
Have you sought any other professional advice in respect of this request? <b>If YES, please attach any evidence or advice that you have received</b>	Yes		No	

Child's Circumstances				
Is the child in the care of a local authority or was previously in care?	Yes		No	
Does the child have an Education, Health and Care Plan?	Yes		No	
Was your child born prematurely?	Yes		No	
If yes, please provide your child's due date				

Schools' preference listed on main school application form: List the schools you would like to consider if your request for your child to be educated out of the chronological year group is agreed. Wokingham School Admissions team will then ask Head Teachers/ Governing Body for their agreement. There is no guarantee that the Local Authority will also agree to the request.	
School Preference 1	
School Preference 2	
School Preference 3	
School Preference 4	

## Parent Statement

Provide details of why you would like your summer born child to be educated outside of their chronological age group, and why you consider that delaying their admission for a year would be in the best interests of your child. You may attach additional sheets and documentation.

## Confirmation

- I confirm that the information given on this form is true and accurate to the best of my knowledge.
- I confirm that the information provided on this form is true and accurate.
- I confirm that I have Parental Responsibility for the child named on this request form, and that I have notified all other persons of this request and that they are in agreement with the child being educated out of their chronological year group
- I understand that, even if the request is agreed, this does not mean that my child will receive automatic admission into any of the schools I have listed on this form
- I have completed, and submitted or enclosed, a school admissions application form and I understand that this will be considered in accordance with the admission arrangements for the relevant entry year
- I understand that the Local Authority may need to contact the schools and other professionals named on this request form for further information/clarification. This includes my child's current nursery/childcare provider
- I have attached all relevant information which I have referred to in my request
- I consent to this form being shared with the Head Teacher of the school(s) to which my request for deferring is being made.

My child is due to start school in Reception in September (please enter relevant year of entry)

I request that my child starts school in Reception in September (please enter relevant year of entry)

Parent/Carer Signature

Date