

SCHOOL ADMISSION DEFERRAL REQUEST FORM

This form is to be used by an applicant seeking to defer the entry of their child to school to the following academic year when the child should normally be in year 1. Please complete all parts, indicating all the schools you are requesting to consider your deferment request. Additionally, you must provide social or medical evidence to support your request. Note that each school will have to consider the request and decide.

First name		
Last name		
Date of birth		
Address		
and the state of t		
are the second s		
		Postcode:
Parent's Details		
First name		
Last name		
Email address		
Phone number(s)		
Preference Schools – write ones you want to consider y chosen on your application i	our deferment. The school	hoice schools and tick which ols must match the ones
School	Deferment Yes	s/No (tick box)
	Yes 🗆	No 🗆
	Yes 🗆	No 🗆
	Yes 🗆	No 🗆
	Yes ☐ Yes ☐ Yes ☐	No

Reason(s) for deferment request – you must provide supporting evidence		
Parent's signature:		
Date:		