

SCHOOL ADMISSION DEFERRAL REQUEST FORM

This form is to be used by an applicant seeking to defer the entry of their child to school either to later in the same academic year when the child becomes of compulsory school age or 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, for those requesting deferment to the next academic year, you must provide social or medical evidence to support your request. Note that each school will have to consider the request and decide.

decide.				
Child's Details				
First name				
Last name				
Date of birth				
Address				
			Postcode:	
Parent's Details				
First name				
Last name				
Email address				
Phone number(s)				
Preference Schools – ones you want to conside chosen on your applications.	der your deferment.			
School		erment Yes	/No (tick box)	
	Yes		No	
	Yes	$\overline{}$	No	

No

Yes

	of deferment: (tick box)
i)	Deferment till later in the admission year \Box
ii)	Deferment to the start of following academic year \Box
easor	n(s) for deferment request – you must provide supporting evidence