

Pre-school provider / Current Head teacher recommendation for admission outside of normal age group

Before completing this form, please refer to Derbyshire County Council's policy on the admission of children outside of their normal age group.

This form should be completed by the Pre-School provider/head teacher in conjunction with parents/carers.

Please return this form no later than 31st March prior to the academic year that the child would normally transfer.

To be completed by the child's current setting:

Section 1: Setting details

Current EY Setting / School Name:	
DfE Number:	

Section 1: Child's details

Family Name:	
Other Name(s):	
Date of Birth:	
Gender:	
Address:	

Normal Admission / Transfer Date:	
Proposed Admission / Transfer Date:	

Section 1: Evidence of the child's ability

For summer born children, please include evidence of the most recent assessments from nursery/early years setting as attachments, where appropriate.

Section 1: EYFS Assessment

PSED

Physical Development

Communication and Language

Literacy

Mathematics

Section 1: KS1/KS2 Assessments

English

Reading

Writing

Mathematics

CONTROLLED UPON COMPLETION

Section 1: Evidence:

Description and evidence of abilities in other areas of the child's development:

(Please attach any supporting evidence – please note this should relate directly to the child. Please do not give general information about summer born children e.g research and statistical data as we will already be aware of this).

List those individuals and services that have been consulted:

Early or Delayed Admission	Year Group		Date
I have considered the determining factors in the guidance document, consulted appropriately, and recommend that the above child should be <u>admitted early</u> into:		In	
I have considered the determining factors in the guidance document, consulted appropriately, and recommend that the above child should <u>delay admission</u> into:		Until	

To be completed by the Parent / Carer of the Child:

Section 2: Desired school of application

Name of school(s) that you will be applying to:

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Was your child born prematurely?

Yes

No

If yes, please state the child's expected date of birth:

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Please summarise the parents' / carers' and the child's views:

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Please detail the reason for the request:

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Section 2: Parent / Carer Details:

Parent / Carer Forename:		
Parent / Carer Surname:		
Parent / Carer Telephone Number:		
Relationship to child:		
Do you have parental responsibilities for this child?	Yes	No

Section 2: Declaration

I have read and understood all the information provided by Derbyshire County Council. I confirm that the above-named child is permanently resident at the address stated. I certify that the information given by me on this form is complete and true and I understand that the county council/other admission authorities will take such steps as they consider necessary to verify the same. In submitting this form, I confirm that all parties with parental responsibility are aware of, and in agreement with this request.

Signed:	
Print Name:	
Date:	

How to return completed forms:

Please return completed forms to:	Email: admissions.transport@derbyshire.gov.uk Post: The Admissions and Transport Team Derbyshire County Council The Quad Dock Walk Chesterfield Derbyshire S40 2GQ
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Privacy Notice

The information you release to us will be used for schools' admissions related proposes and may be shared, as the law allows, with partner organisations. Further details on the Authority's Data Privacy policies and those of partner organisation can be found on the Derbyshire County Council Website, www.derbyshire.gov.uk/privacynotices , or hard copy can be provided on request.

Links

Derbyshire County Council's policy on the admission of children outside of their normal age group
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