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| **TUDOR ACADEMY****APPLICATION FOR ADMISSION OUTSIDE NORMAL AGE GROUP** |
| This is not an application for admission – it is an application to the STEP Executive Team for their agreement in principle to the child being admitted to any year group other than the child’s normal year group. The completed form and any supporting documentation must be submitted to Tudor Academy for consideration by the STEP Executive Team as soon as possible. Regardless of the outcome of this application, a separate application for admission will need to be made in the usual way, and will be considered with all other applications received, applying the oversubscription criteria as appropriate. Where the STEP Executive Team agrees an application in principle, their letter confirming this should accompany the subsequent application for admission.**This form should be completed by the parent with whom the child lives for more than 50% of their time from Monday to Friday during term time. Please complete in block capitals using black ink. All names provided must be formal names, as stated in passports and other formal documents. The completed form should be forwarded to the Admissions Officer at the Academy.** |

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| **PART A – CHILD’S DETAILS** |
| Child’s Surname: |  |
| Child’s Forename(s): |  |
| Child’s Date of Birth: |  |
| Child’s Main Home Address:(as defined in the Admission Policy) |  |

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| **PART B – PARENT’S DETAILS** |
| Parent’s Surname: |  |
| Parent’s Forename(s): |  |
| Parent’s Home Address:(If different) |  |
| Parent’s Email Address: |  |
| Parent’s Contact Number: |  |

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| **PART C – APPLICATION DETAILS** |
| What date do you want the child to be admitted? |  |
| What year group do you want the child to be admitted to? |  |
| What year group would the child’s normal age group be in? |  |
| **Please give detailed reasons for your belief that it is in the best interests of your child to be admitted outside their normal age group. In doing so, please consider the following factors which will be considered by the STEP Executive Team:*** **The parents’ views;**
* **The Headteacher’s view;**
* **The child’s academic, social and emotional development;**
* **Where relevant, the child’s medical history and the views of their medical professionals;**
* **Whether the child has previously been educated outside of their normal age group;**
* **Whether the child would have naturally have fallen into a lower age range were it not for having been born prematurely.**

**This is a non-exhaustive list. There may be other factors that the STEP Executive Team will consider.**  |

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| **Please list all documents attached in support of your application:** |
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| **PART C – PARENT’S SIGNATURE** |
| **I certify that the information provided in this form is true and accurate, to the best of my knowledge and belief:** |
| Signed: |  |
| Date: |  |