

## REQUEST FOR ADMISSION OUTSIDE NORMAL AGE GROUP

Please read the Chase High School published Admission Policy and Paragraphs 2.18 to 2.20 of the School Admissions Code 2021 carefully before completing this form.

**Important: This is not an application for admission. Parents/external applicants are strongly encouraged to submit their request for admission outside normal age group well in advance of any application deadlines, to enable informed decisions to be made.**

**However, where an application for admission has already been made, or is being made at the same time, the parent's details in this form must be the same as the parent's details given in the application.**

### PART A - CHILD/APPLICANT'S DETAILS:

<b>Child/applicant's full legal name:</b>	
<b>Child/applicant's date of birth:</b>	
<b>Child/applicant's current age:</b>	
<b>Child/applicant's home address:</b>  (as defined in the Admission Policy)	

### PART B - PARENT'S DETAILS (one parent only):

<b>Parent's full legal name:</b>	
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<p><b>Parent's address:</b></p> <p>(if different to the child's/applicant's home address)</p>	
<p><b>Parent's email address:</b></p>	
<p><b>Parent's contact number:</b></p>	

PART C - YEAR GROUPS:	
<p><b>Child/applicant's normal Year Group:</b></p>	
<p><b>Year Group sought for child/applicant:</b></p>	

PART D - REASONS FOR REQUEST:
<p><b>Please set out below your reasons for asking for the child/applicant to be admitted to a Year Group outside of their normal Year Group:</b></p> <p>Please consider the factors set out below, which Chase High School will consider when considering whether or not to agree your request in principle:</p> <ul style="list-style-type: none"> <li>• Information about the child's/applicant's academic, social and emotional development;</li> <li>• Where relevant, the child's/applicant's medical history and the views of their medical professional;</li> <li>• Whether the child/applicant has previously been educated outside of their normal age group (including in nursery);</li> <li>• Whether the child/applicant may naturally have fallen into a lower age group if it were not for being born prematurely.</li> </ul> <p>This is not an exhaustive list - please provide any information you believe to be relevant to your request.</p>

**PART E - SUPPORTING DOCUMENTS:**

**Please list below the documentation that you have attached in support of your request:**

For example, a letter/report from the child's/applicant's GP, hospital consultant or other medical professional, social worker, home tutor, nursery teacher, etc.

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**PART F - SIGNATURE AND DATE:**

**I certify that the information that I have provided in this form is true and accurate, to the best of my knowledge and belief:**

<b>Signed:</b>	
<b>Full legal name:</b>	
<b>Dated:</b>	

**This completed form and any supporting documents must be sent to:**

**The Chase High School Admissions Manager, Prittlewell Chase, Westcliff-on-Sea, Essex, SS0 0RT or by email to [admissions@chasehigh.org](mailto:admissions@chasehigh.org).**