



## Application Form to request your child is educated 'out of chronological age group'

Child's details: us	se block capital letters
First name(s):	
Surname/Family name:	
Date of birth:	
	Address:
	State which year group applying for if outside the normal age range:
Parent/Carer cont	act details: use block capitals letters
Parent/Carer Name (who	is also the member of staff):
Telephone number:	
Email address:	
your child's best interest t	est in writing below and detail the reasons why you feel it is in to delay or accelerate learning. You should submit any relevant ur request. (Continue on a separate sheet/s if required)
	Continue over page

St Katherine's School, Ham Green, North Somerset BS20 0HU

Telephone: 01275 373737 | Fax: 01275 372787

Email: school@skdrive.org

I confirm I have read the St Katherine's School admission arrangements 2023/24 

(please tick)

I declare that I have parental responsibility for the child named in this application, the above details are correct and I understand that failure to disclose or the giving of false information will result in my application being rejected and any subsequent offer will be withdrawn. I have read the CST 's Data Protection Policy on the CST website (here) and St Katherine's School Privacy Notice (here) and consent to CST processing the data submitted in this form in accordance with these policies

□ (please tick)

Signature of Parent/carer:

Date:

Please return this form to: Mrs Kilgallon, St Katherine's School, Ham Green

Pill, BS20 0HU or via email: kilgallond@skdrive.org

Email: school@skdrive.org