



APPLICATION FOR AN 'OUT OF NORMAL YEAR' GROUP REQUEST

I request that my child is educated outside their normal chronological age range.

Name of Child			
Date of Birth			
State which year group applying for if outside the normal age range			
Permanent Home Address of Child			
Name of Parent/carer			
Contact telephone number			
Parent/carer email address			
<p>Please submit your request in writing below and detail the reasons why you feel it is in your child's best interest to delay or accelerate learning. You should submit any relevant reports which support your request. (Continue on a separate sheet/s if required).</p>			
Signature of parent/carer		Date	
<p>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or the giving of false information will result in my application being rejected and any subsequent offer will be withdrawn.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.</p>			
<p>Please return this form to: Mrs Kilgallon, St Katherine's School, Ham Green Pill, BS20 0HU or via email: kilgallond@skdrive.org</p>			