



**APPLICATION FOR AN ‘OUT OF 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 |  | | |
| 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) | | | |
| Signature of parent/carer |  | Date |  |
| 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or the giving of false information will result in my application being rejected and any subsequent offer will be withdrawn.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](https://www.cathedralschoolstrust.org/media/1425/cst-data-protection-policy-2019docx.pdf)) and Hotwell School’s Privacy Notice ([here](https://drive.google.com/file/d/1yNNK4db8nKxGoPCT653pVH7m4F73znej/view?usp=sharing)) and consent to CST processing the data submitted in this form in accordance with these policies. | | | |
| **Please return this form to: The Admission Authority, Hotwells Primary School, Hope Chapel Hill, Bristol, BS8 4ND** [**hotwellsp@bristol-schools.uk**](mailto:hotwellsp@bristol-schools.uk) | | | |