Offset request for children due to start reception



This form is to be completed by parents and carers who wish to apply for their child to be offset and start school a year later than their chronological age group.

Do not use this form to:

 Apply for a school place – to apply visit <u>www.newcastle.gov.uk</u> and follow the links

Before submitting this form make sure you:

- Have read delaying your child's start to school information;
- Know the difference between deferring a start and offsetting;
- Have provided all the evidence needed;
- Know that even if an offset it agreed, it does not mean you will be offered a
 place at one of these schools

Parents can request an offset if their child:

- Is summer born (between 1 April and 31 August);
- Has experienced problems with ill health or other medical issues

Schools must consider:

- Parent's views;
- Information about the child's academic, social, emotional development;
- Medical history (where relevant);
- The view of the headteacher of the school.

Different schools may make different decisions and there is no right of appeal for an offset.

If you require any information, advice or support with the offset or reception process:

- See our website: www.newcastle.gov.uk
- Email us: admissions.information@newcastle.gov.uk
- Phone us: 0191 278 7878
 (ask for School Admissions, lines open 9.00 to 14.30)

Please complete all the following pages in as much details as possible

Section 1 - Your chi	ld's details					
Child's legal surname	:	Child's legal forename:				
Date of birth:	My chile	My child is (please tick)				
		Male				
		Female	. □			
Child's home address):	T emale \Box			Postcode:	
Child's current school	/ early year	s provide	er (if they do n	ot attend	l anvwhe	ere, please state "none")
Office of Control Control	roung your	o provide	or (ii trioy do ri	or attoria	arry Wire	re, produce state from ;
Doog your shild have	on Educatio	n Haalth	and Cara Di	n 2		Vaa 🗆
Does your child have Please attach a copy			Tand Care Pia	all?		Yes □
						No 🗆
Is your child looked at	` ,		• •			Yes □
until adopted or made guardianship order?	subject to a	i Ciliu ai	rangements o	i speciai		No 🗆
garan anan remp er aer r						
Was your child born p	rematurely?					Yes □
Original due date:						No □
Original due date.						
Section 2 - Your det	ails					
Title (Mr, Mrs, Miss etc.)		Surname		First na	ame	
Telephone number:		Email a	ddress:			
relepriorie number.			duless.			
What is your relations	ship to the ch	ild (for e	xample mothe	er,		
father)						
Do you have parental	y for the child?		Yes			
					No	П
We will only discuss t	his application	on with v	ou. but if you	want us t		information with other
people, including supp						
Title	First name Surname				ne	
Is this person a:	Family mer	nber				
•	Support wo					
	Friend					
If support worker, whi	ch organisat	ion do th	ney work for?			

Section 3 – School preferences							
Please list the schools you would like to consider your request. These are not in preference order and you can request up to six schools in case some do not agree your offset request.							
School 1							
School 2							
School 3							
School 4							
School 5							
School 6							
Section 4 – Supporting evidence							
Have you sought the advice of your child's current	Yes						
Early Years / School provider in respect of this request?	No 🗆						
If yes, name and position							
Please attach any supporting evidence or advice you h	ave received from this person						
Have you sought the advice of a medical professional	Yes						
in respect of this request?	No 🗆						
If yes, name and position							
Please attach any supporting evidence or advice you have received from this person							
Have you sought any other professional advice in	Yes □						
respect of this request?	No 🗆						
If yes, name and position							
Please attach any supporting evidence or advice you have received from this person							
Section 5 – Reasons for requesting an offset							
Use the boxes below to explain why you feel offsetting	your child's place in in their best interests						
Communication and language reasons:							

Personal, social a	nd emotional reasons:			
Dhysiaal saaaaaa				
Physical reasons:				
Parental decl	aration			
 I confirm I have parental respons 	parental responsibility for this	s child and/or the agre	ement of all persons with	
•	information on this form is o	correct and that I have	read and understand the	
0.0	en if the request is agreed, th	nis does not guarantee	e that my child will receive a	n
•	all relevant information and e	vidence in support of	my request.	
	information and evidence be	• •	•	t.
Parent or carer sig	nature		_ Date//	-
Please submit voi	ur child's application and s	supporting evidence	by one of the following:	
r icase subline you	ar orma o apprioation ana c	supporting evidence	by one of the following.	
Email to:	admissions.information@n	ewcastle.gov.uk		
customer service c	complete form off at a school centre such as the City Librar	y (ask for a receipt). P		٥t

Data protection and security

The General Data Protection Regulation came into force on 25 May 2018. We will process your application in line with Newcastle City Council's data privacy notice. For further information on how we use and store your information or for a copy of the privacy notice, please see https://www.newcastle.gov.uk/your-council-and-democracy/open-data-and-access-toinformation/data-protection/our-data-protection-policy