



**Clackmannanshire  
Council**

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Ref No : \_\_\_\_\_

Acknowledged : \_\_\_\_\_

Decision : \_\_\_\_\_

# **Education Services**

## **Deferred Entry Application Form**

Please return form to:  
Kirsteen Carmichael  
4th Floor Kilncraigs  
Greenside Street  
Alloa  
FK10 1EB

This form should be completed by all parents/carers who wish to defer their child's entry to primary one.

- *Parents whose child's date of birth falls in January or February need only complete Section A.*
- *Parents whose child's date of birth falls between, on or after the start of term in August and the end of December must complete Section A and Section B.*
- *Head / Manager of the service should complete Section C for August (after start of term) – December applications only.*

**SECTION A – to be completed by all parents/carers**

|   |  |
|---|--|
| <b>Child's Details</b>  |  |
| Forename  | <input type="text"/>   |
| Surname   | <input type="text"/>   |
| Date of Birth   | <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Home Address  | <input type="text"/>   |
| Postcode  | <input type="text"/> Telephone <input type="text"/>  |
| <b>Parent/Carer's Details</b>   |  |
| Forename  | <input type="text"/>   |
| Surname   | <input type="text"/>   |
| Relationship to child   | <input type="text"/>   |
| Parent/Carer's address<br><i>(if different from above)</i>                              | <input type="text"/>   |
| Postcode  | <input type="text"/> Telephone <input type="text"/>  |
| <b>Nursery/Group Details</b>  |  |
| Name of nursery/group your child currently attends                                      | <input type="text"/>   |
| Is this where you wish to access a deferred year?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| If <b>no</b> , where do you wish to access a deferred year?                             | <input type="text"/>   |
| Are you seeking to defer your child's entry on the grounds of additional support needs? | Yes <input type="checkbox"/> No <input type="checkbox"/>   |

I confirm that I have discussed my child's learning and development with the Head(s) or Manager(s) of the nursery/group currently attended by my child. Yes  No

Parent/Carer's Signature ..... Date .....

## SECTION B – to be completed by the parent/carer

This section need only be completed by parents seeking deferred entry whose child's birthday falls between, on or after the start of term in August and the end of December.

Please explain why you feel your child would benefit from an additional year of pre-school education.

Please list any papers/report you are enclosing in support of your application.

### Parent/Carer's Declaration

- I confirm that I have discussed my child's learning and development with the Head or Manager of the nursery/group currently attended.
- I confirm that I wish my child's entry to school to be deferred for an additional year.
- If the application for deferred entry is granted, the child's enrolment at their catchment school will automatically be withdrawn by Education Services

Parent/Carer's Signature ..... Date .....

## SECTION C – to be completed by the Head/Manager of Service

August (after start of term) – December Applicants Only

It is important that all decisions about deferred entry are made in the context of the ongoing profiling of the child and dialogue with the parent/carer.

Please ensure that you discuss the proposal to defer this child's entry to primary school with both the parent and the member(s) of early years staff most closely involved with the child.

**Please note that you must detail the evidence you are presenting in support of this application. Incomplete applications will be returned to you for further information which may delay the allocation of any places.**

Do you support the application for a further year within an early years setting for this child?

Yes

No

Please give details here of any information/views held with regard to this application

I confirm that I have discussed the application to defer this child's entry to school with both the parent and the member(s) of staff most closely involved with the child

I enclose a copy of the most recently completed Profiling documentation and any other background papers (e.g. Staged Intervention reports etc.)

Signature of Head/Manager .....

Date .....