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

Child's details: use 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 contact details: use block capitals letters

Parent/Carer Name (who is also the member of staff):

Telephone number:

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)

Continue over page

I confirm I have read the relevant Trinity Academy admission arrangements ▫ (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or the giving of false information will result in my application being rejected and any subsequent offer will be withdrawn.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 Trinity Academy's 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: **Admissions, Trinity Academy, Romney Avenue, Lockleaze, Bristol, BS7 9BY** or email **admissions@trinityacademybristol.org**