

OSIDGE SCHOOL APPLICATION FOR ADMISSION OUTSIDE NORMAL AGE GROUP



PLEASE COMPLETE IN BLACK INK AND RETURN TO:

The Governors
Osidge School
Chase Side, Southgate, London, N14 5HD
Email: office@osidgeschool.org

Full Name of Child: Date of Birth:

Address of Child:
.....
.....

Address of parent(s) if different
.....

Name of parent/carer(s) completing this form
.....

Telephone number(s) at which parent(s)
may be contacted during office hours
.....

Email address
.....

Name of Current School:
.....

Address of Current School:
.....
.....

I/We wish to apply for an Out of Age place for our child at Osidge School

Academic year applying to: (e.g.2026/2027) Year Group applying to: (e.g Year 1):

What year group is the child attending at their current school: (e.g Year 5)

Grounds for Request: Please provide below a brief outline of your child's educational, medical or social history which has led you to seek admission to a different year group. Parent/Carers **must** also include supporting evidence on a 'separate sheet' with any relevant supporting documents. If the required information is not enclosed, your request may not be considered by the Governing Committee.

Signature of parent/Carer(s)*:
.....
.....

* If other relationship, please indicate with reasons

Date:
Unless all sections of this form are completed the application will not be considered.