

**Delayed School Entry (DSE) – Request Form**

**Section 1) Child, Family and Referrer details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name** |  | **DOB** |  | **Gender** | Male / Female |
| **Parent’s / Carer’s Name(s)** |  | **Parent’s / Carer’s Address** |  | | |
| **Contact Number** |  | **Postcode** |  | | |
| **Referrer Name** |  | **Referrer Address** |  | | |
| **Job Title** |  |
| **Contact Number** |  | **Postcode** |  | | |

**Section 2) Request information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Setting Attending** |  | **Manager’s Name at Setting** |  |
| **Sessions / Hours Child Attending** |  | **Date Child Started at Setting** |  |

**Section 3) Information to support request**

|  |  |
| --- | --- |
| **Supporting Evidence**  (\* indicates essential evidence required) | **Date Provided** |
| **Parental evidence (section 4) of attached DSE request form** \* |  |
| **Completed Targeted Outcome Plans (TOPs) and TOP Reviews** |  |
| **Updated Specialist Reports** |  |
| **Early Years Child Progress Tracker** |  |

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**Section 4) Parental Evidence**

|  |  |
| --- | --- |
| **Why would you like your child to have Delayed School Entry?** | |
|  | |
| **What do you see as your child’s current needs?** | |
|  | |
| **What impact would it have if Delayed School Entry is not agreed?** | |
|  | |
| **Have you discussed the long term impact if Delayed School Entry is agreed with a relevant professional? If yes please provide further information about whom you discussed this with. If no please state the reason why.** | |
|  | |
| **If Delayed School Entry is agreed what year would you like your child to start in? (Please circle)** | |
| **Reception** | **Year 1** |

**Section 5) Parental consent**

|  |  |
| --- | --- |
| **Parents / Carers – Please confirm the following** | **Yes / No** |
| **I confirm I have read the B&NES Delayed and Accelerated Admissions Policy** |  |
| **I confirm I have applied for a school place this year and will do so again the following year** |  |
| **I am happy for this information to be shared with relevant professionals** |  |
| **I am happy for this request to be considered for Delayed School Entry** |  |

|  |  |  |
| --- | --- | --- |
| **Parents / Carers Name** | **Parents / Carers Signature** | **Date** |
|  |  |  |

**Please return this form to the following address:**

**Early Years Special Educational Needs, Disability and Inclusion Team (SENDIT)**

**Bath and North East Somerset Council**

**Lewis House, Manvers Street**

**Bath, BA1 1JG**

**Tel – 01225 395412 Email –** [**SENDIT@bathnes.gov.uk**](mailto:SENDIT@bathnes.gov.uk)

*If you are working with a parent or carer and you think some impartial support around the SEND processes would be helpful, please contact the SEND Partnership Service on 01225 394382, or email* [*send\_partnershipservice@bathnes.gov.uk*](mailto:send_partnershipservice@bathnes.gov.uk)*. The SEND Partnership Service provides telephone, email and face to face contact.*