

WANDSWORTH COUNCIL CHILDREN’S SERVICES DEPARTMENT



REQUEST FOR EXTRA TIME IN THE WANDSWORTH YEAR 6 TEST

PART A

I am applying for a place in a Wandsworth secondary school for September 2025 and wish to request that my child receives extra time in the Wandsworth Year 6 Test.

DETAILS OF CHILD

Family Name:	First Name:
Date of Birth:	Boy: <input type="checkbox"/> Girl: <input type="checkbox"/> (please tick)
Address:	
Postcode:	
Name of Primary School:	
Primary School Address:	
Postcode:	

DETAILS OF PARENT(S) OR CARER (S) WITH WHOM THE CHILD LIVES

Family Name:	First Name:
Title: Mr / Mrs/ Miss/ Ms	Relationship to Child:
Contact telephone number:	Email:

REASON FOR REQUEST

My child has special educational needs and is: (please tick as appropriate): Receiving SEN Support: <input type="checkbox"/> OR has an Education Health & Care Plan: <input type="checkbox"/>
Please give brief details of the extra time which your child receives in school on a regular basis in order to carry out normal classroom activities.

SIGNATURE OF PARENT/CARER

Parent/Carer signature:	Date:
Print Name:	

Please return this form to your child’s primary school Headteacher who will be asked to confirm the information you have given.

PART B (TO BE COMPLETED BY THE PRIMARY SCHOOL HEADTEACHER)

CHILD'S DETAILS

Family Name:	First Name:
Date of Birth:	Boy: <input type="checkbox"/> Girl: <input type="checkbox"/> (please tick)
Address:	
Postcode:	
Name of Primary School:	

DECLARATION

I confirm that the child named above is on SEN Support or has an EHCP, and routinely receives extra time for written assessments. I support the request for extra time.

Please provide any additional comments you wish:
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Signature of Headteacher	Date:
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Please retain a copy of both pages and email the completed form to year6test@wandsworth.gov.uk by 4 September 2024.