**PROPOSED CHANGE OF AGE RANGE FORM**

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| This form must be completed and returned to the Diocesan Director of Education (DDE) (Tim Reid – treid@cofe-worcester.org.uk). Written confirmation of receipt and consent (where appropriate) will be provided by the DDE on behalf of the Diocesan Board of Education (DBE). | |
|  | **\*Delete as applicable** |

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| **School Details** | |
| **Name of School or Academy** |  |
| **Voluntary Aided / Voluntary Controlled (if a maintained school)** |  |
| **Name of Trust (if an academy)** |  |
| **School Address** |  |
| **Name and email address of Chair of Governors / Trust Board\*** |  |
| **Name and email address of Headteacher / CEO\*** |  |
| **School contact number** |  |

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| **Details of proposed change to age range** | |
| **Current age range** |  |
| **Proposed age range** |  |
| **Date from which the change of age range is proposed to take effect.** |  |
| **Please fully state the reason(s) for your request to change the age range.** |  |
| **Please fully state what financial implications this will have on the school / academy.** |  |
| **Please fully describe what impact this will have on neighbouring schools.** |  |

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| **Signed (Chair of Governors / Trust Board\*)** |  |
| **Date** |  |

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| **Signed (Headteacher / CEO\*)** |  |
| **Date** |  |