**School Deferral Place**

**Name of Your Setting:**

**Your Address:**

**Ofsted Number:**

**Please return the form ASAP to** [**FEEEQueries@essex.gov.uk**](mailto:FEEEQueries@essex.gov.uk)

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Name of school child was due to start at: |  |
| Reason for deferral: |  |
| Has parent discussed with school? |  |
| If yes, what was the outcome? |  |
| Request to defer school place for:  1 term  2 terms  3 terms |  |