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 2026 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:** ☐ **Girl:** ☐ (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**	Other (please specify)	**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: ☐ OR has an Education Health & Care Plan: ☐

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:** ☐ **Girl:** ☐ (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:

Signature of Headteacher	**Date:**

Please retain a copy of both pages and email the completed form to year6test@wandsworth.gov.uk by 4 September 2025.