



SUPPLEMENTARY INFORMATION FORM – SOCIAL/MEDICAL NEED

Only to be completed for applications under Criterion 2 – Exceptional Social/Medical Need

Applications for entry on the basis of exceptional social/medical need must be supported by submission of this form. Recent supporting evidence from relevant registered professional(s) involved with the child must also be submitted with this form, such as a doctor and/or consultant for medical cases or a social worker, health professional, housing officer, the police or probation officer for other social circumstances. All evidence must be on letter headed paper and reflect the child's current situation. The evidence must confirm the circumstances of the case and must set out why the child should attend the preference academy and why no other school could meet the child's needs. Once completed it must be returned to the academy at which a place is being applied for by the closing date for primary school applications.

Child's Surname:

Child's Forename(s):

Date of Birth:

Address:

Name of academy for which priority is sought through exceptional social/medical need

Please give the particular reasons why the academy named above is the only school that can meet the needs of the child and the difficulties that would be caused if the child had to attend another school

Please list the supporting evidence that is being submitted to support the application under the exceptional social/medical need criterion

Declaration:

I understand that the information contained in this form is subject to GDPR (General Data Protection Regulation) and my personal data may be exchanged with the local authority, admissions authorities, schools and Government agencies where necessary.

I understand that the outcome of this request for exceptional social/medical priority will be on the basis that the information I provide is accurate and correct and that if any information changes it is my responsibility to inform the local authority.

I confirm that all relevant sections have been completed fully and I have supplied all the supporting evidence from the professionals involved to support my application under social and medical grounds.

I understand that if I submit this form or evidence after the closing date it may not be considered until after the national offer day.

I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.

Signature of Parent/Guardian:

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Print Name:

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Date:

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