

SECTION 16: EXCEPTIONAL MEDICAL OR SOCIAL CIRCUMSTANCES FORM (criterion 2)

Use this form to give details of any exceptional medical or social needs that mean admission to a particular school is essential. The School Admissions Code says that you **MUST** provide supporting evidence from a suitably qualified professional, e.g. a consultant or social worker. The admission authority may contact professionals involved with your child for further information. Any information provided will be treated in strict confidence and will not prejudice any school application.

Return the form to School Admissions by 31 October 2024.

1. CHILD'S DETAILS		
First Name:	Surname:	
Date of Birth:	Gender:	
Address (this must be the child's permanent place of residence):		
2. PARENT / CARER'S DETAILS		
First Name:	Surname:	
Relationship to child:		
Address:		
Telephone:		
Email:		
3. REQUESTED SCHOOL		
School Name:		
Do you already have another child attending the requested school?	YES	NO
If 'YES' please provide their details:		
Full Name:	Date of Birth:	
4. EXCEPTIONAL MEDICAL / SOCIAL CIRCUMSTANCES		
Provide your reasons for requesting this school. Include details of your exceptional circumstances. Attach supporting evidence. Evidence must be less than 3 months old. No appointment cards or appointment letters can be accepted as evidence of a medical condition.		
Continue on separate sheets as necessary and label all documents with your child's name.		
5. PARENT / CARER DECLARATION		
I certify that I have parental responsibility for the child named in section 1 and that all persons with parental responsibility have agreed to this. I can confirm that the information given on this form is true to the best of my knowledge and belief. I understand that giving false or deliberately misleading information may result in the withdrawal of the offer of a school place.		
Signature of parent / carer:		Date: