

## EXCEPTIONAL SOCIAL AND/OR MEDICAL NEED

### SUPPLEMENTARY INFORMATION FORM

Before completing this form, please carefully consider the information contained in the Academy's Admission Policy (published on the Academy's website and in hard copy form from the Academy's main office on request).

**The parent must complete Part A of this form, before giving it to an appropriate professional (e.g. a hospital consultant, psychiatrist, psychologist, social worker or similar professional for the child/parent/sibling/grandparent with the exceptional need) to complete, sign and date Part B.**

#### PART A - TO BE COMPLETED BY THE CHILD'S PARENT

<b>Child's full legal name:</b>					
<b>Child's date of birth:</b>					
<b>Child's home address:</b> <small>(as defined in the Admission Policy)</small>					
<b>Who has the exceptional social and/or medical need?</b>					
<b>Child:</b>		<b>Parent:</b>		<b>Sibling/Grandparent:</b>	
<b>If 'child' or 'sibling/grandparent', any parent can provide their details below. If 'parent', only that parent should complete their details. This must be the same parent who completes the admission application form:</b>					
<b>Parent's full legal name:</b>					

<b>Parent's address:</b>  (if different to above)	
<b>Parent's date of birth:</b>  (only provide this if the parent has the exceptional social and/or medical need):	
<b>Please only complete this section if a sibling/grandparent has the exceptional social and/or medical need:</b>	
<b>Sibling/Grandparent's full legal name:</b>	
<b>Sibling/Grandparent's date of birth:</b>	

<b>PART B - TO BE COMPLETED BY AN APPROPRIATE PROFESSIONAL</b>		
<b>In your professional opinion, does the child/parent/sibling/grandparent have an exceptional social and/or medical need which would mean that only <u>the academy</u> is suitable for the child to attend?</b>	<b>Yes</b>	
	<b>No</b>	
<b>Please give your reasons for stating that only <u>Academy</u> is suitable for the child to attend:</b>		

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**Please explain why no other school within a reasonable distance of the child's home address would be suitable:**

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**I certify that the information that provided in Part B this form is true and accurate, to the best of my knowledge and belief:**

<b>Signed:</b>	
<b>Full Name:</b>	
<b>Position Held:</b>	
<b>Organisation Name and Stamp:</b>	
<b>Dated:</b>	

Please note, this form is not an application for admission. A separate application for admission must be made in the usual way.