

## SECTION 16: SPECIAL CIRCUMSTANCES FORM

You may use this form to provide evidence if you wish your application to be considered under criterion 2:

### Criterion 2 – Exceptional Medical or Social Needs

Please 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 the admission authority MUST NOT consider giving a higher priority to an application if supporting evidence has not been provided so you MUST also provide supporting evidence from a suitably qualified professional, for example 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.

Section A: CHILD'S DETAILS		
First name:	Surname:	
Date of birth:	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Address (this must be the child's permanent place of residence):		Postcode:
Section B: PARENT / CARER'S DETAILS		
First name:	Surname:	
Relationship to child:		
Address:		Postcode:
Home telephone number:	Mobile number:	
Section C: REQUESTED SCHOOL		
School name:		
Do you already have another child already attending the requested school? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'YES' please provide their details:		
First Name:	Surname:	Date of birth:
Section D: EXCEPTIONAL MEDICAL / SOCIAL CIRCUMSTANCES		
Provide your reasons for requesting this school. Include details of your exceptional circumstances. Attach supporting evidence. Please note supporting evidence must be less than 3 months old and no appointment cards or appointment letters can be accepted as evidence for a medical condition.		
<b>Continue on separate sheets as necessary and label all documents with your child's name</b>		
Section E: PARENT / CARER DECLARATION		
I certify that I have parental responsibility for the child named in Section A and that all persons with parental responsibility have agreed to this. I 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:		Date:
<b>OFFICE USE ONLY:</b>	<b>Evidence attached: Yes/No</b>	<b>Approved/Declined</b>