| **EXCEPTIONAL MEDICAL AND/OR SOCIAL NEED FORM**  Please carefully read the Academy's published Admissions Policy, including the criteria for oversubscription category **18.2**, before completing this form. This form does not apply to Year 12 or 13. This form is not an application for admission, it must accompany the application for admission.  **Important: Part A of this form must be completed by the parent whose details are given in the application for admission. The form must then be given to a medical or other professional (e.g. GP, hospital consultant, psychiatrist, psychologist or social worker) for completion of Part B, signing, dating and stamping, before it is submitted with the application.** |
| --- |

| **PART A - TO BE COMPLETED BY THE CHILD'S PARENT** | |
| --- | --- |
| **PART A1 - CHILD'S DETAILS:** | |
| **Child's full legal name:** |  |
| **Child's date of birth:** |  |
| **Child's home address:**  (as defined in the Admissions Policy) |  |
| **PART A2 - PARENT'S DETAILS** (one parent only - this must be the same parent whose details are given in the application form): | |
| **Parent's full legal name:** |  |
| **Parent's address:**  (if different to above) |  |
| **Parent's email address:** |  |
| **Parent's contact number:** |  |

| **PART B - TO BE COMPLETED BY A MEDICAL OR OTHER PROFESSIONAL AND RETURNED TO THE PARENT** | | | |
| --- | --- | --- | --- |
| **In your professional opinion, does the child have an exceptional medical and/or social need which would mean that only Reach Academy Feltham, 53-55 High St, Feltham TW13 4AB is suitable for the child to attend, and no other school local to their home address would be suitable?** | | **Yes** |  |
| **No** |  |
| **If the answer to the above question is 'No', please return this form to the parent without signing, dating or stamping it.**  **If the answer to the above question is 'yes', please set out the nature of the exceptional medical and/or social need, and explain your reasons for your professional opinion below, including what the likely outcome would be if the child was offered a place at a different local school.** | | | |
|  | | | |
| **I certify that the information that provided in Part B this form is true and accurate, to the best of my knowledge and belief:** | | | |
| **Signed:** |  | | |
| **Full Name:** |  | | |
| **Position Held:** |  | | |
| **Organisation Name and Stamp:** |  | | |
| **Dated:** |  | | |

**This completed form and any supporting documents must be sent to:**

**Admissions Committee, 53-55 High Street, Feltham, TW13 4AB or admissions@reachacademy.org.uk.**