



EXCEPTIONAL MEDICAL AND/OR SOCIAL NEED FORM

Please carefully read the Academy's published Admission Policy, including the criteria for oversubscription category, 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 Admission 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:	
Summarise your views on why Reach Academy Feltham is suitable for the child to attend and no other local school is suitable, which is caused by the need:	

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 <u>Reach Academy Feltham, 53-55 High St, Feltham TW13 4AB</u> is suitable for the child to attend, and no other school local to their home address would be suitable?	Yes	
	No	
<p>If the answer to the above question is 'No', please return this form to the parent without signing, dating or stamping it.</p> <p>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.</p>		

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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:

Signed:	
Full Name:	
Position Held:	
Organisation Name:	
Dated:	