



GUIDANCE

Social and Medical Grounds

If a child has a social and medical need that would cause significant physical and / or mental hardship, an applicant can indicate that they wish their application to be considered under social and medical grounds.

It is the applicants responsibility to obtain a Supplementary Social and Medical Information Form which must be completed and returned to the School Admissions Team along with supporting written evidence from a professional by the given closing date. For In-Year applications the evidence must be submitted at the time of application. The supporting evidence for social and medical grounds should be from the relevant registered professional(s) involved with the child. Examples include registered health professionals, such as Consultant, GP, Psychologist or Psychiatrist. evidence must be on letter headed paper and reflect the child's current situation.

This evidence must prove why the school in question is the **only** suitable school and why the child cannot attend another school. This evidence must be specific to the school in question.

It is the applicants responsibility to provide all evidence in support of their request and it is not possible for it to be considered under this criterion if no evidence is supplied.

All schools have the resources to work with special educational needs and common childhood complaints such as asthma.

Requests will be considered in accordance with the Equalities Act 2010.

Supplementary Social and Medical Information Form

In order for your application to be considered on social and medical grounds you must complete this form and return it to the School Admissions Team along with your supporting evidence by the given closing date. For In-Year applications the evidence must be submitted at the time of application.

Please make sure you have read the attached guidance before completing this Supplementary Social and Medical Information Form.

Child's Name:	Date of birth:
Address:	
Home Local Authority: (The local authority who is responsible for your council tax)	
Email Address:	
Current School / Nursery:	

This Social and Medical Information Form relates to:

Preferred School Name:



Please set out the particular reasons why the school in question is the **only** suitable school and why the child cannot attend another school.



Please list the supporting evidence that is being submitted to support this application under this criterion:

I understand that the information contained in this form is subject to GDPR (*General Data Protection Regulation*) and my personal data may be exchanged with other departments within Bracknell Forest Council, as well as other Local Authorities, Admissions Authorities, Schools and Government Agencies where necessary.

I understand that the Local Authority reserve the right to collect this information in order to fulfil their statutory duties and that the Local Authority may carry out further investigation and require additional evidence to verify information contained in this form.

I certify that the information I have provided is accurate and correct and that if any information changes it is my responsibility to inform the local authority. I have read and understood the social and medical criterion, the relevant admissions guide and the admissions arrangements for my preferred school.

I certify that I have parental responsibility for the child named on this form.

I understand that if the social and medical criterion is applied, and I am applying for a school outside my designated area I may not be eligible for support with transport. This also does not guarantee a school place at the school for any siblings.

Signature of parent/carer:

Print Name:

Date: