**St Margaret’s Church of England Academy**

**Supplementary Information Form**

**(Medical or Social Need)**

This form should be completed for any child who wishes to apply for a place at St Margaret’s based on medical or social need. Not filling in this form could decrease the applicant’s chances of success.

Those wishing to apply for a place in Year 7 based on medical/social need should:

* complete **parts 1, 2, and 3 of Section A**, and sign at **part 4**; and
* pass this form to a suitably qualified professional (*eg.* a doctor or social worker), asking them to complete **Section B parts 5, 6, 7 and 8**, and to return the whole form to the Admissions Clerk at St Margaret’s Academy by **31st October 2024**.

This form should be read alongside our Admissions Policy (available on our website).

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| **Section A: All Applicants** | | | | | | | | | | | | | |
| **1** | Please give the following information about the child. If he lives at more than one address, please refer to the school’s Admissions Policy, which gives details about which address should be given here. | | | | | | | | | | | | |
| Child’s Surname: | | |  | | | | | | | | | |
| Child’s First name(s): | | |  | | | | | | | | | |
| Child’s Date of birth: | | |  | | | | | | | | | |
| Child’s Address:  Postcode: | | |  | | | | | | | | | |
|  | | | | | | | | | |
| **2** | Please give the following information about an adult with parental responsibility for the child. If a second adult also has parental responsibility for the child, their details may be given in the second column. | | | | | | | | | | | | |
| Parent’s Surname: | | |  | | |  | | | | | | |
| Parent’s title (Mr/Ms *etc*): | | |  | | |  | | | | | | |
| Parent’s First name(s): | | |  | | |  | | | | | | |
| Parent’s Address: | | |  | | |  | | | | | | |
| Postcode: | | |  | | |  | | | | | | |
| Parent’s contact numbers: | | |  | | | | | | | | | |
| Daytime/Evening | | |  | | |  | | | | | | |
| Mobile | | |  | | |  | | | | | | |
|  | Parent’s Email address: | | |  | | |  | | | | | | |
| **3** | Is the child a Looked After Child (see Admissions Policy for details)? | | | | | | | | **Yes** |  | | **No** |  |
| Does the child have an Education Health Care Plan that names St Margaret’s as the only school he can attend? | | | | | | | | **Yes** |  | | **No** |  |
| **Parental signature***(to be signed by the parent named in the first column of part 2)* To be signed **in all cases**. | | | | | | | | | | | | | |
| **4** | | I certify that the information above I have given is accurate. | | | | | | | | | | | |
|  | | | **Signature:** |  | | **Print Name** |  | | **Date** | | |  | | | |

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| **Section B: Applications based on Medical/Social need.**  **Questions 5, 6 and 7 should be completed**, **and signed at part 8 for:**   * **Medical need -** by a suitably qualified medical professional (such as a doctor) * **Social need -** by a suitably qualified professional in this area (such as a social worker). | | | | | | |
|  | | | | | | |
| **5** | Name of person completing this section | | |  | | |
| Contact telephone number | | |  | | |
| Professional qualifications | | |  | | |
| Professional capacity in which recommendations are made | | |  | | |
|  | | | | | | |
| **6** | Please describe the nature of the family’s circumstances. (Please note that circumstances affecting either the child or the wider family could be relevant to an application on medical/social grounds.) | | | | | |
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| Please set out the particular reasons why St Margaret’s Academy is suitable for this child. | | | | | |
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| Please outline the difficulties that would be caused if this child had to attend another school. | | | | | |
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| **7** | *Please tick* ***one*** *box* | | | | | |
| In my professional opinion, several schools could meet this child’s needs, and St Margaret’s Academy is one of these. | | | | |  |
| In my professional opinion, other school(s) could meet his needs, but St Margaret’s Academy is **the best-placed school** to do so. | | | | |  |
| In my professional opinion, St Margaret’s Academy is **the only school** that could meet his needs. | | | | |  |
|  | | | | | | |
| **8** | I certify that the information given above is accurate. | | | | | |
| **Signed:** |  | **Date:** | |  | |