

EXCEPTIONAL MEDICAL AND/OR SOCIAL NEED FORM

Please carefully read the Academy's published Admission Policy before completing this form. It 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.

Important: The parent's details in this form must be the same as the parent's details in the application. This is because the Academy is prohibited from obtaining the details of more than one parent during the application process.

PART A - TO BE COMPLETED BY THE CHILD'S PARENT

Child's Details:

Child's full legal name:

Child's date of birth:

Child's home address:

(as defined in the Admission Policy)

Parent's Details (one parent only):

Parent's full legal name:

Parent's address:

(if different to above)

Parent's email address:

Parent's contact number:



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PROFESSIONAL'S CERTIFICATION: 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, signed and dated form should be returned to the named parent, so that they can submit it with the application for admission.