



St Peter's Primary School Supplementary Medical Information Form

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

It is the applicant's responsibility to complete and return this form along with supporting written evidence from a professional **by the given closing date to; s.m@greenshawlearningtrust.co.uk or by post to; Head of Admissions, Greenshaw Learning Trust, Oru Sutton, 7 Throwley Way, Sutton SM1 4AF.**

For In-Year applications the supporting evidence must be submitted with the application.

The supporting evidence for medical grounds should be from the relevant registered professional(s) involved with the child. Examples include registered health professionals, such as a Consultant or GP. All evidence must be on letter headed paper and reflect the child's current situation.

This evidence must prove why **St Peter's Primary School** is the **only** suitable school and why the child cannot attend another school. This evidence must be specific to the school.

It is the applicant's 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.

Applications will be assessed against the evidence and a decision will be made as to whether it meets the exceptional medical criteria as detailed in the school's admission arrangements.

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

Child's Name:	Date of birth:
Address	

Please set out the particular reasons why **St Peter's Primary School** is the **only** suitable school and the difficulties that would be caused if the child had to attend another school:

Please list the supporting evidence that is being submitted to support this application under this criterion (include total number of pages attached):

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 the Greenshaw Learning Trust, other departments within Croydon Council, as well as other Local Authorities, Admissions Authorities, Schools and Government Agencies where necessary.

I understand that the Greenshaw Learning Trust reserve the right to collect this information as part of their statutory duties and that they may carry out further investigation and require additional evidence to verify information contained in this form.

I understand that the outcome of this medical form will be on the basis that the information I provide is accurate and correct and that if any information changes it is my responsibility to inform the school/local authority.

I certify that all relevant sections have been completed fully and I have supplied all the supporting evidence from the professionals involved to support my application under medical grounds.

I understand that I will be unable to submit further evidence after the closing date and that this will only be accepted in exceptional circumstances.

I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.

I have read and understood the medical criterion for **St Peter's Primary School** as published in their Admission Arrangements.

Signature of Parent/Carer: _____

Print Name: _____

Date: _____

Once completed scan and return this form with any relevant documentation to:

s.m@greenshawlearningtrust.co.uk or by post to; **Head of Admissions, Greenshaw Learning Trust, Oru Sutton, 7 Throwley Way, Sutton SM1 4AF.**