

Valley Primary School

A Member School of Connect Schools Academy Trust



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EXCEPTIONAL SOCIAL AND/OR MEDICAL NEED

SUPPLEMENTARY INFORMATION FORM

Before completing this form, please read the School's Admission Policy, which is published on the School's website and available in hard copy form from the School's main office.

Where the parent has the exceptional social and/or medical need, **they** must complete Part A of this form and the application form - no details of the other parent must be provided. In other cases, any parent can complete Part A of this form, but the same parent must also complete the application form.

After Part A has been completed, the form must then be given to an **appropriate professional** (e.g. a hospital consultant, psychiatrist, psychologist, social worker or similar professional for the child/parent/sibling/grandparent with the exceptional need) to complete, sign and date **Part B**. The completed form must be submitted by the application deadline.

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

Child's full legal name:

Child's date of birth:

Child's home address:

(as defined in the Admission Policy)

Who has the exceptional social and/or medical need?

Child:

Parent:

Sibling/Grandparent:

If 'child' or 'sibling/grandparent', any parent can provide their details below. If 'parent', only that parent should complete their details below. This must be the same parent who completes the application form:

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|---|--|
| Parent's full legal name: | |
| Parent's address: (if different to above) | |
| Parent's date of birth: (only provide this if the parent has the exceptional social and/or medical need): | |

Please only complete the two questions below if a sibling/grandparent has the exceptional social and/or medical need:

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| Sibling/Grandparent's full legal name: | |
| Sibling/Grandparent's date of birth: | |

PART B - TO BE COMPLETED BY AN APPROPRIATE PROFESSIONAL

| | | |
|--|------------|--|
| In your professional opinion, does the child/parent/sibling/grandparent have an exceptional social and/or medical need which would mean that only <u>Valley Primary School</u> is suitable for the child to attend? | Yes | |
| | No | |

Please give your reasons for stating that only Valley Primary School is suitable for the child to attend:

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Please explain why no other school within a reasonable distance of the child's home address would be suitable:

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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:

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| Signed: | |
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| | |
|-------------------|--|
| Full Name: | |
|-------------------|--|

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|-------------------------------------|--|
| Position Held: | |
| Organisation Name and Stamp: | |
| Dated: | |