TRINITY ACADEMY
EXCEPTIONAL MEDICAL AND/OR SOCIAL NEED FORM

Please carefully read the Academy's published Admission Policy before completing this form. This form should accompany the application for admission.

Important: Part A of this form must be completed by the same parent whose details are given in the application for admission. This is because the Academy is prohibited from obtaining the details of more than one parent during the application process.

This 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 returned to the parent for submission in support of their application for admission.

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 name:	
Parent's address: (if different to above)	
Parent's email address:	
Parent's contact number:	

PART B - TO BE COMPLETED BY A MEDICAL, SOCIAL OR OTHER PROFESSIONAL		
In your professional opinion, does the child have an exceptional medical and/or social need which would mean that only Trinity Academy, 56 Brixton Hill, London, SW2 1QS is suitable for the child to attend, and no other school local to their home address would be suitable?	**Yes**	
	No	
If the answer to the above question is 'No', please return this form to the parent without signing, dating or stamping it, as the child will not meet the criteria for inclusion in the category. **If the answer to the above question is 'Yes', please confirm the nature of the exceptional medical and/or social need, and explain in sufficient detail your reasons for the professional opinion you have expressed, including the likely outcome if the child/external applicant was offered a place at a different local school.**		

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 must be returned to the named parent, so that they can submit it with the application for admission.

Parents should note that, if the child is deemed not to meet the criteria for inclusion in this category, they will be placed into the next category that applies to them.

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