**THIS FORM IS FOR LEWISHAM COMMUNITY SCHOOLS ONLY**

**Application for a school place under the medical/social criteria**

**(Starting primary school )**



**All schools have experience in dealing with children with diverse medical/social needs. In a few exceptional cases there may be reasons why a child needs to attend a specific school. If you feel there are exceptional reasons for your child to be considered for a priority placement under the medical/social criteria at a particular school, you must complete this form.** **The decision to prioritise children on medical or social grounds will be determined by the medical/social panel which is made up of professionals from the health and education sectors.**

**Please tick to indicate which criteria you are applying under.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |Medical |  | Social |  | Medical and social  |  |

Please write in capital letters.

|  |  |
| --- | --- |
| **Child surname:** | **Child first name:** |
| **Date of birth:** | **Address:** |
| **Parent/carer name:** | **Relationship to child:** |
| **Contact number/s** | **Email address:** |
| **Your online application reference number:** |
| **Please list the Lewisham Community schools you wish your request to be considered for in the order you have placed them on your online application form.**  |
| **1. Full name of school:****Reason for preference:**  |
| **2. Full name of school:****Reason for preference:** |
| **3. Full name of school:****Reason for preference:** |
| **4. Full name of school:****Reason for preference:** |
| **5. Full name of school:****Reason for preference:** |
| **6. Full name of school:****Reason for preference:** |
| **Please indicate the documentary evidence you are providing to support your request for priority under the exceptional medical and/or social criteria****□ Parent submission****□ Professional submission****□ other – please indicate** |
| **Declaration*** **I confirm that the information provided on this form is true and accurate.**
* **I have read the guidance on Lewisham Council’s website and consent to this form being shared with the headteacher of the school(s) and other appropriate professionals.**
* **I confirm that I have submitted my application for a reception class place in my child’s normal**

**age group by the closing date for applications.*** **I confirm that I understand that this form may be shared with schools and other colleagues within Lewisham for the purpose of assessing the request.**
 |
| **Signed:** |
| **Date:** |  |

This completed form should be uploaded and submitted with your application, along with any additional supporting documents. The closing date for submitting the information is 15 January.

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