



# Social Medical Criterion Application Form

## Social Medical Criterion<sup>1</sup>

The Director of Children’s Services may give priority to applicants who can demonstrate that admission to a particular school is necessary on the grounds of professionally supported exceptional social or medical needs.

### In making your case you need to:

- a) Provide evidence that your child has exceptional social or medical needs. The evidence needs to be from a professional e.g. doctor, social worker, therapist.
- b) Explain why that particular school can meet your child’s needs.

<b>Child’s First Name(s)</b>	
<b>Child’s Surname</b>	
<b>Date of Birth</b>	
<b>Year Group</b>	
<b>Gender</b>	
<b>Current School/ Nursery</b>	
<b>Parent/Carer Name</b>	
<b>Relationship to Child</b>	
<b>Parent/Carer Telephone Number</b>	
<b>Other Contact Number</b>	
<b>Home Address</b>	
<b>Does the child live at the same address?</b> Yes or No	Yes                      No
<b>If child lives at a different address, please provide full address</b>	
<b>Supporting documentary evidence</b> Please list the supporting evidence you are providing with this application. (e.g. doctors letter, social worker letter, therapist report)	

<sup>1</sup> Please see Islington’s school admissions brochure for full details.



**Section One:**

**Which school are you applying for under the social medical criterion?**

**Section Two:**

**Evidence of exceptional social or medical needs**

Please tell us about your child's/your needs and why you feel the need is exceptional.

**Section Three: If applicable, which school have you been offered?**

Please explain why you feel the school offered cannot meet your child's/your needs.



**Section Four: Parent Statement**

Please explain how your preference school can best meet your child's/your needs.

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**Section Five:****Is professional evidence attached?**

Please note: Your social medical application will not be considered if you have not provided professionally supported information with this application.  
Yes or No

Yes

No

**Declaration**

I confirm that I am the above named Parent / Carer and reside at the address provided  
Yes or No

Yes

No

**Consent to share**

I give my consent for the information I have provided to be shared with the school allocated / offered to my child.  
Yes or No

Yes

No

**Date**

Please email the completed form and professional supporting evidence to:  
[admissions@islington.gov.uk](mailto:admissions@islington.gov.uk)

