



## Social/Medical Criterion Application Form Parent Statement

### 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:

- 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.
- Explain why that particular school can meet your child's needs.

Please type or use **BLOCK CAPITALS**

<b>Child's first name(s)</b>	<b>Surname</b>
<b>Date of birth</b>	<b>School year group</b>
<input type="checkbox"/> <b>Boy</b>	<input type="checkbox"/> <b>Girl</b>
<b>Parent/carer phone number</b>	<b>Other contact number</b>
<b>Home address</b>	
<b>Evidence of exceptional social or medical needs</b> <ul style="list-style-type: none"><li>Please tell us about your child's needs and why you feel they are exceptional</li></ul>	
<b>Which school have you been offered?</b> <ul style="list-style-type: none"><li>Please explain why you feel this school cannot meet your child's needs</li></ul>	

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

**School(s) applied for under the social/medical criterion**

**Parent Statement**

- Please explain how this/these particular school(s) can best meet your child's needs

**Is professional evidence attached? YES**

**Signature Parent/Guardian**

**Name Parent/Guardian (Please Print)**

**Date**

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

Islington School Admissions Team  
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