Social Medical Criterion Application Form

Social Medical Criterion
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.

Please use BLOCK CAPITALS

<table>
<thead>
<tr>
<th>Child’s First Name(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Surname</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Gender</td>
</tr>
<tr>
<td>Year Group</td>
<td></td>
</tr>
<tr>
<td>Current School/ Nursery</td>
<td></td>
</tr>
<tr>
<td>Parent/Carer Name</td>
<td>Relationship to Child</td>
</tr>
<tr>
<td>Parent/Carer Telephone Number</td>
<td>Other Contact Number</td>
</tr>
<tr>
<td>Home Address</td>
<td>Does the child live at the same address? YES/NO If no, please provide address:</td>
</tr>
<tr>
<td>Supporting documentary evidence</td>
<td>Please list the supporting evidence you are providing with this application. (e.g. doctors letter, social worker letter, therapist report)</td>
</tr>
</tbody>
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1 Please see Islington’s school admissions brochure for full details.
**Section One:**
Which school are you applying for under the social medical criterion?

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**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.

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**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.

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**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.

<table>
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<tr>
<th>YES/NO</th>
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Signature of Parent/Carer

Name of Parent/Carer  
(Please Print)

Date

Please email the completed form and professional supporting evidence to:

admissions@islington.gov.uk

Islington School Admissions Team
222 Upper Street London N1 1XR
Tel: 020 7527 5515