

# 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:

- 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 use **BLOCK CAPITALS**

<b>Child's First Name(s)</b>			
<b>Child's Surname</b>			
<b>Date of Birth</b>		<b>Gender</b>	
<b>Year Group</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>	<i>YES/NO If no, please provide address:</i>
<b>Supporting documentary evidence</b> <i>Please list the supporting evidence you are providing with this application. (e.g. doctors letter, social worker letter, therapist report)</i>			

<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.

**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/  
NO**

**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](mailto:admissions@islington.gov.uk)

**Islington School Admissions Team**

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