

**APPLICATION FOR A PRIMARY SCHOOL PLACE UNDER THE MEDICAL CRITERION**

**St. John's C of E Primary School**

This form is **NOT** a school application form. You **MUST** complete an online application in addition to completing this form. Details of how to apply can be found online at

[www.croydon.gov.uk/education/schools-new/school-admissions](http://www.croydon.gov.uk/education/schools-new/school-admissions)

**PLEASE RETURN COMPLETED FORM TO THE SCHOOL BY 14.01.2022**

All schools have experience in dealing with children with diverse medical needs. In a very few exceptional cases, however, 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 criterion at this school, you must complete this form.

<b>Child Surname:</b>	
<b>Child Forename:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Parent/Carer Name:</b>	
<b>Relationship to Child:</b>	
<b>Contact Telephone number:</b>	
<b>Email address:</b>	

**Please provide details of the medical reason. Also attach your professional evidence to this form. Requests without professional evidence will not be considered**

.....

.....

.....

.....

.....

.....

.....

**In addition to your attached professional evidence, please explain why this school is the only school that can meet your child's needs and the difficulties that would be caused if your child had to attend another school. Attach additional sheets if necessary.**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

I confirm that the information given on this form is true and accurate to the best of my knowledge.

Signed..... (parent/carer)

Date.....