



MEDICAL APPLICATION FORM

Application for a school place under the medical criteria

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 criteria **at this particular school**, you must complete this form.

Child Surname:	
Child Forename:	
Date of Birth:	
Address:	
Parent/Carer Name:	
Relationship to Child:	
Please provide details of the medical reason (attach documentation from GP or medical consultant)	
Please provide particular reasons why Atwood Primary Academy is the most suitable and the difficulties that would be caused if the child had to attend another school.	

See Overleaf

Head Teacher: Mr R Veale
Assistant Head Teacher, EYFS & KSI: Mrs K Standing
Assistant Head Teacher, KS2: Mrs N Gambier

Chair of Governors: Mrs A Morgan
Academy Business Manager: Mrs M Groves MBE

Declaration:

Signed:

Date:

Print Name:

Atwood Primary Academy, will decide whether an application for Atwood Primary Academy is to be prioritised on medical grounds in light of the medical evidence submitted by the parent for their child to attend this particular Academy.