

OLYMPIC PRIMARY SCHOOL

EXCEPTIONAL MEDICAL AND/OR SOCIAL NEED FORM

In education law, the definition of a 'parent' includes the biological parents irrespective of residence, contact or parental responsibility, as well as other persons with care of and/or parental responsibility for the applicant child.

The Academy is only permitted to obtain the details of one parent during the application process. For this reason, the parent's details given in this form must be the same as the parent's details given in the application form. Where it is a parent who has the exceptional need, that parent's details must be given in all forms.

PART A - TO BE COMPLETED BY A PARENT	
Child's details:	
Child's full legal name:	
Child's date of birth:	
Child's home address: (see Admission Policy for definition)	
Parent's details:	
Parent's full legal name:	
Parent's address: ([if different to the child's address])	
Parent's date of birth:	
Parent's email address:	
Parent's contact number:	
Who has the exceptional medical and/or social need?	

Child:	Yes		No		Parent:	Yes		No	
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PART B - TO BE COMPLETED BY AN INDEPENDENT PROFESSIONAL

For example, a GP, hospital consultant, psychiatrist, psychologist or social worker

Does the child or parent have an exceptional medical and/or social need that means that only Olympic Primary School is suitable for them to attend, and no other school within a reasonable distance of their home address is suitable?

Yes

No

If the answer is 'yet', please explain your reasons for saying so below in sufficient detail for the Admission Committee to decide whether the criteria are met and the child can be given priority in this category.

Professional's signature	
Full name (Printed):	
Role:	
Organisation:	
Address of Organisation:	
Official stamp:	
Date:	

This completed form must be sent to:

Email: school@olympicprimaryacademy.net

OR

admissions@lionacademytrust.net

Hard copies can be handed to the school office at:

Olympic Primary School

Olympic Way

Queensway

Wellingborough

Northamptonshire

NN8 3QA