



Declaration in support of your application for a place on Medical Grounds at your preferred School 2019/20

Date Received

To be completed by parent(s)/carer(s)

The parent(s)/carer(s) of..... (please insert name of child) wish to apply to the Local Authority for a place at..... (please insert name of school) for their child under Criterion 2 of the Local Authority's Admission Priorities on medical grounds (children with a particular medical condition which can be met most appropriately by the preferred school).

If you are unable to obtain the necessary documentation from your GP/Consultant and you may miss the closing date by waiting for this information, please tick the box below and indicate how much additional time you may need.

I am unlikely to be able to supply medical evidence by the closing date and request an extension until _____ date.

To be completed by the child's General Practitioner or Consultant

In the box below please provide details of the child's medical condition stating why you believe the school noted above is the only or most appropriate school to meet the child's needs. It is essential that you provide comprehensive information on the severity of the child's medical condition(s) and any other relevant needs.

Medical condition:
Reason for recommending the preferred school:

Signed: _____ Date: _____

Please print name: _____

Job Title of Healthcare Professional _____

When you have completed this form please post to, School Admissions Service, PO Box 16230, Sandwell Council House, Freeth Street, Oldbury B69 9EX

Signature of Parent/Carer: _____ Date: _____