



# Tudor Grange Academy Solihull

## EXCEPTIONAL MEDICAL AND/OR SOCIAL NEED FORM

Please carefully read the Academy's published Admission Policy before completing this form. It is not an application for admission, it must accompany the application for admission.

**Important:** Part A of this form must be completed by the parent whose details are given in the application for admission. The form must then be given to a medical or other professional (e.g. GP, hospital consultant, psychiatrist, psychologist or social worker) for completion of Part B, signing, dating and stamping, before it is submitted with the application.

**Important:** The parent's details in this form must be the same as the parent's details in the application. This is because the Academy is prohibited from obtaining the details of more than one parent during the application process.

### PART A - TO BE COMPLETED BY THE CHILD/EXTERNAL APPLICANT'S PARENT

#### Child/External Applicant's Details:

Child/external applicant's full legal name:

Child/external applicant's date of birth:

Child/external applicant's home address:

(as defined in the Admission Policy)

#### Parent's Details (one parent only):

Parent's full legal name:

Parent's address:

(if different to above)



<b>Parent's email address:</b>	
<b>Parent's contact number:</b>	

**PART B - TO BE COMPLETED BY A MEDICAL, SOCIAL OR OTHER PROFESSIONAL AND RETURNED TO THE PARENT**

<b>In your professional opinion, does the child/external applicant have an exceptional medical and/or social need which would mean that only Tudor Grange Academy Solihull, Dingle Lane, Solihull, West Midlands, B91 3PD is suitable for the child to attend, and no other school local to their home address would be suitable?</b>	<b>Yes</b>	
	<b>No</b>	

**If the answer to the above question is 'No', please return this form to the parent without signing, dating or stamping it.**

**If the answer to the above question is 'yes', please set out below the nature of the exceptional medical and/or social need and your reasons for your professional opinion you have expressed, including what the likely outcome would be if the child/external applicant was offered a place at a different local school.**

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[Large empty rectangular area for text or signature]

**PROFESSIONAL'S CERTIFICATION: I certify that the information that provided in Part B this form is true and accurate, to the best of my knowledge and belief:**

<b>Signed:</b>	
<b>Full Name:</b>	
<b>Position Held:</b>	
<b>Organisation Name and Stamp:</b>	
<b>Dated:</b>	

**This completed, signed and dated form should be returned to the named parent, so that they can submit it with the application for admission.**