

Form AD3: Supplementary Information Form (Medical/Social Need)

This form should be completed for any child who wishes to apply for a place at St Margaret's on the basis of medical or social need. Not filling in this form could decrease the applicant's chances of success. Those wishing to apply for a place in Year 7 on the basis of social/medical need should:

- complete questions **1, 2, and 3** of Section A, and sign at question **8**; and
- pass this form to a suitably qualified professional (eg a doctor or social worker), asking them to complete questions **4, 5, 6 and 7** of Section B, and to return the whole form to the Admissions Clerk at St Margaret's Academy by **Saturday, 31 October 2020**.

This form should be read alongside our Admissions Policy (available on our website).

Section A: All Applicants

1	Please give the following information about the child. If s/he lives at more than one address, please refer to the school's Admissions Policy, which gives details about which address should be given here.
	Child's surname: <input style="width: 90%;" type="text"/>
	Child's first name(s): <input style="width: 90%;" type="text"/>
	Child's date of birth: <input style="width: 90%;" type="text"/>
	Child's address: <input style="width: 90%; height: 40px;" type="text"/>
	Postcode: <input style="width: 20%; height: 20px;" type="text"/>

2	Please give the following information about an adult with parental responsibility for the child. If a second adult also has parental responsibility for the child, their details may be given in the second column.
	Parent's surname: <input style="width: 90%;" type="text"/>
	Parent's title (Mr/Ms etc): <input style="width: 90%;" type="text"/>
	Parent's first name(s): <input style="width: 90%;" type="text"/>
	Parent's address: <input style="width: 90%; height: 40px;" type="text"/>
	Postcode: <input style="width: 20%; height: 20px;" type="text"/>
	Parent's 'phone numbers:
	Daytime/Evening <input style="width: 90%;" type="text"/>
	Mobile <input style="width: 90%;" type="text"/>

3	Is the child a Looked After Child (see Admissions Policy for details)?	Yes		No	
	Does the child have an Education Health Care Plan that names St Margaret's as the only school he can attend?	Yes		No	

Section C: Applications on the basis of Medical/Social need

- For cases of medical need, question 6, 7, 8 and 9 should be completed, and signed, by a suitably qualified medical professional (such as a doctor).
- For cases of social need, question 6, 7, 8 and 9 should be completed, and signed, by a suitably qualified professional in this area (such as a social worker).

4	Name of person completing this section	
	Contact telephone number	
	Professional qualifications	
	Professional capacity in which recommendations are made	

5	Please describe the nature of the family's circumstances. (Please note that circumstances affecting either the boy or the wider family could be germane to an application on social/medical grounds.)
	Please set out the particular reasons why St Margaret's Academy is suitable for this boy.
5	Please outline the difficulties that would be caused if this boy had to attend another school.

6	<i>Please tick one box</i>	
	In my professional opinion, several schools could meet this boy's needs, and St Margaret's Academy is one of these.	<input type="checkbox"/>
	In my professional opinion, other school(s) could meet his needs, but St Margaret's Academy is the best-placed school to do so.	<input type="checkbox"/>
	In my professional opinion, St Margaret's Academy is the only school that could meet his needs.	<input type="checkbox"/>

7	I certify that the information given above is accurate.		
	Signed:		Date:

Section D: Parental signature (to be signed by the parent named in the first column of question 2)
To be signed **in all cases**.

8	I certify that the information I have given is accurate.		
	Signature:		Date: