



Bovingdon Primary Academy

PRIORITY 2 FORM – EXCEPTIONAL MEDICAL OR SOCIAL NEED FOR IN YEAR ADMISSIONS ONLY

REPORT FROM A DOCTOR, SOCIAL WORKER OR OTHER RELEVANT INDEPENDENT PROFESSIONAL

Section A of this form must be completed by a parent. The form should then be provided to the doctor, social worker or other relevant independent professional who should complete Section B, sign, date and stamp the form, before returning it to the parent if the parent wants to rely on this priority in order to achieve a place at the school. The form must be submitted at the same time as the Common Application Form.

This form is intended to support an application for admission under Priority 2 of the academy's Admission Policy, which states:

"Priority 2 - Children who the Trust accepts have an exceptional medical or social need for a place at the school with those living nearer receiving higher priority.

Children for whom Bovingdon Primary Academy is the only school that is appropriate for the child to attend because of the child's exceptional medical or social need.

Applications under this priority must be accompanied by Priority 2 Form, Section A of which must be completed by the parents before being provided to the child or parent's doctor, social worker or other relevant independent professional who must then complete Section B, sign, stamp and date the form. The doctor, social worker or other relevant independent professional must expressly confirm not only the nature of the exceptional medical or social need of the child or parent, but also the reason why it is appropriate for the child to attend the school, why no other school is suitable, and the reasons why this is the case.

The completed, signed and stamped Priority 2 Form must be provided with the common application form. An application under this priority will not be considered in cases where the completed, signed and stamped Priority 2 Form is received after the common application form has been submitted."

Please return this application form to the office of:
Bovingdon Primary Academy
High Street
Bovingdon
HP3 0HL

SECTION A – To be completed by Parent

Child's Surname:

Child's Forename(s):

Child's Date of Birth:

Child's Main Home Address:

This form should now be handed to the child's doctor, social worker or other relevant independent professional for completion of Section B.

SECTION B – To be completed by a doctor, social worker or other relevant independent professional then returned to the parent

Name of person with an exceptional medical or social need:

Please confirm the nature of the exceptional medical or social need:

In your professional opinion, is Bovingdon Primary Academy the only school which is appropriate for the child to attend as a result of their medical or social need?

Yes

No

Please state your reasons for stating Bovingdon Primary Academy is the only school which is appropriate for the child to attend:

<p>Please explain the difficulties the child would experience if the child attended another school within a reasonable distance of the child's main home address:</p>	
Signed:	
Print Name:	
Position:	
Organisation:	
Organisation's address:	
Date:	
Official Stamp:	

Note to professional: please return the completed form to the parent named above by a secure means. It is the parent's responsibility to submit the form as part of the admissions application process.