



AGORA
LEARNING
PARTNERSHIP

Alban Wood Primary School and Nursery

PRIORITY 2 FORM - EXCEPTIONAL MEDICAL OR SOCIAL NEED

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

Part 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 Part 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 before the closing date for 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 Academy Governing Board accepts have an exceptional medical or social need for a place at the school with those living nearer receiving higher priority.

*Children for whom Alban Wood Primary School and Nursery is the **only** school that is appropriate for the child to attend because of the child's exceptional medical or social need will be admitted under this priority.*

Applications under this priority must be accompanied by Priority 2 Form, Part A of which must be completed by the parents before being provided to the child or parent's the doctor, social worker or other relevant independent professional who must then completed Part 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 before the closing date for the submission of 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 closing date for the submission of the common application form."*

Please return this application form to the office of:

Alban Wood Primary School and Nursery

The Brow

Watford

WD25 7NX

PART 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 Part B.

PART 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 Alban Wood Primary School and Nursery the only school which is appropriate for the child to attend as a result of their medical or social need?					
<table border="1" data-bbox="244 1447 719 1547"><tr><td data-bbox="244 1447 376 1547">Yes</td><td data-bbox="376 1447 491 1547"></td><td data-bbox="491 1447 606 1547">No</td><td data-bbox="606 1447 719 1547"></td></tr></table>		Yes		No	
Yes		No			

<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.