

Appendix 1

Supplementary Information Form

To be completed for applications under criterion number 2
(Social Medical)

Applicants who wish to be considered for priority under the criterion of exceptional social/medical need **should complete this form**

- If the application is for Reception or Year 3 in September this supplementary information form and supporting evidence must be submitted by 15 January. Any forms or evidence submitted after this date may not be considered until after the national offer day
- If the application is for in year admission at any other time, this supplementary information form and supporting evidence must be submitted at the same time as submitting the application

Recent supporting evidence from relevant registered professional(s) involved with the child must also be submitted with this form, such as a doctor and/or consultant for medical cases or a social worker, health professional, housing officer, the police or probation officer for other social circumstances. All evidence must be on letter headed paper and reflect the child's current situation.

The evidence must confirm the circumstances of the case and must set out why the child should attend the preference school and why no other school could meet the child's needs.

Providing evidence does not guarantee that a child will be given exceptional social/medical priority at a particular school and in each case a decision will be made based on the merits of the case and whether the evidence demonstrates that a placement should be made at one particular school above any other.

Common medical conditions, allergies and asthma can usually be supported in all mainstream schools, therefore priority under a school's exceptional medical criterion would not normally be given for these.

In addition, routine child minding arrangements would not normally be considered to be an exceptional social reason for placement at a particular school.

Requests will be considered in accordance with the Equalities Act 2010.

Please complete all boxes in CAPITAL LETTERS

1. Child's details

Question	Answer
Surname	
Forename	
Date of Birth (dd/mm/yyyy)	
Address	

2. Details of case

Question	Answer
Please set out the particular reasons why we are the only school that can meet your child's needs and the difficulties that would be caused if your child had to attend another school	

Question	Answer
Please list the supporting evidence that is being submitted to support your application under the exceptional social/medical need criterion	

Declaration

I understand that the information contained in this form is subject to GDPR (General Data Protection Regulation) and my personal data may be exchanged with other departments within Surrey County Council, other local authorities, admissions authorities, schools and Government agencies where necessary.

I understand that the outcome of this request for exceptional social/medical priority will be on the basis that the information I provide is accurate and correct and that if any information changes it is my responsibility to inform the local authority.

I certify that all relevant sections have been completed fully and I have supplied all the supporting evidence from the professionals involved to support my application under social and medical grounds.

I understand that if I submit this form or evidence after the closing date it may not be considered until after the national offer day.

I certify that the information I have given is correct.

Question	Answer
Signature of parent/guardian:	
Date:	

Once completed please return it to the school office: **office@stmps.uk** by 15th January 2026.