



## Hatch Ride Primary School Social and Medical Supplementary Information Form

If a child has a social and medical need that would cause significant physical and / or mental hardship, an applicant can indicate that they wish their application to be considered under social and medical grounds.

It is the applicant's responsibility to complete and return this form to Hatch Ride Primary School along with supporting written evidence from a professional **by the given closing date for applications**. For In-Year applications the supporting evidence must be submitted with the application. The supporting evidence for social and medical grounds should be from the relevant registered professional(s) involved with the child. Examples include registered health professionals, such as Consultant, GP, Psychologist or Psychiatrist. All evidence must be on letter headed paper and reflect the child's current situation.

This evidence must prove why the school named on this form is the only suitable school and why the child cannot attend another school. This evidence must be specific to the school

**It is the applicant's responsibility to provide all evidence in support of their request by the given closing date for applications and it is not possible for it to be considered under this criterion if no evidence is supplied.**

Child's Name:	Date of birth:
Address:	
Relating to: <b>HATCH RIDE PRIMARY SCHOOL</b>	

Please set out the particular reasons why the school named on this form is the **only** suitable school and the difficulties that would be caused if the child had to attend another school.

Please list the supporting evidence that is being submitted to support this application under this criterion:

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 Hatch Ride Primary School, as well as Local Authorities, Admissions Authorities, Schools and Government Agencies where necessary.

I understand that Hatch Ride Primary School reserve the right to collect this information as part of their statutory duties and that they may carry out further investigation and require additional evidence to verify information contained in this form.

I understand that the outcome of this social and medical form 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 admission 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 I will be unable to submit further evidence after the closing date for applications and that this will only be accepted in exceptional circumstances.

I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.

I have read and understood the social and medical criterion as published in the schools admission arrangements.

Signature of parent/carer: .....

Print Name: .....

Date: .....

Once completed scan and return this form with any relevant documentation to:  
[admin@hatchride.wokingham.sch.uk](mailto:admin@hatchride.wokingham.sch.uk)

or post to:  
Hatch Ride Primary School  
Crowthorne  
RG45 6LP