



THE DEANERY

Church of England High School and Sixth Form College

SUPPLEMENTARY INFORMATION FORM – MEDICAL/SOCIAL NEED

Applicants must demonstrate that The Deanery Church of England High School is the **only** school to meet the child’s needs. This form must be completed by a qualified medical or social professional, i.e. Doctor, Psychologist or Social Worker. A place will not be awarded under this category (under any circumstances) unless it is supported by such a reference.

Name of child: _____

Date of birth: _____

1 Please describe the nature of this child’s circumstances.

	Please continue on a separate sheet if necessary
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2 Please set out the particular reasons why The Deanery Church of England High School is the only school suitable for this child:

	Please continue on a separate sheet if necessary
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3 Please outline the difficulties that would be caused if this child had to attend another school:

	Please continue on a separate sheet if necessary
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4 Please tick the appropriate box.

- In my professional opinion, The Deanery Church of England High School is **the only school** that could meet this child’s needs.
- In my professional opinion, **several** schools could meet this child’s needs, and The Deanery Church of England High School is one of these.

Signed: _____

Date: _____

Full Name: _____

Position held: _____

Name of Organisation: _____

Address: _____

Post Code: _____

Tel no: _____

This form should be returned to The Deanery Church of England High School by 31st October 2023.

FOR OFFICE USE ONLY

<p><i>Received:</i> _____</p> <p><i>Recorded:</i> _____</p> <p><i>Initial:</i> _____</p>	<p>Application considered by Governors on _____</p> <p>Accepted <input type="checkbox"/> Rejected <input type="checkbox"/></p>
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