



ANGEL OAK ACADEMY

PRIORITY 2 FORM

REPORT FROM GP OR HOSPITAL CONSULTANT

Part A of this form must be completed by a parent. The form should then be provided to the G.P. or hospital consultant of the child or parent with a medical condition, who should complete Part B, sign, date and stamp the form, before returning it to the parent.

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

“Priority 2 – Children with Medical Need requiring Admission to This Academy Only:

*Children for whom Angel Oak Academy is the **only** school that is appropriate for the child to attend because of the child's medical needs, or because of a serious and ongoing medical condition of one or both of their parents which would prevent the parents being able to make arrangements to take their child to and from any other school, 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 G.P. or hospital consultant who must then completed Part B, sign, stamp and date the form. The G.P. or hospital consultant must expressly confirm not only the nature of the medical condition of the child or parent, but also the reason why it is appropriate for the child to attend the academy, why no other school is suitable, and the medical 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.”*

PART A – To be completed by Parent

| | |
|-----------------------------------|--|
| Child's Surname: | |
| Child's Forename(s): | |
| Child's Date of Birth: | |
| Child's Main Home Address: | |

Please confirm who has the relevant medical condition?

| | | | |
|--------------|--------------------------|---------------|--------------------------|
| Child | <input type="checkbox"/> | Parent | <input type="checkbox"/> |
|--------------|--------------------------|---------------|--------------------------|

If the child has the relevant medical condition, this form should now be handed to the child's G.P. or hospital consultant for completion of Part B.

If a parent of the child has the relevant medical condition, please complete the additional questions below.

| | |
|--------------------------------|--|
| Parent's Name | |
| Parent's Date of Birth: | |
| Parent's Home Address: | |

PART B – To be completed by GP or Hospital Consultant

| | | | | | |
|--|--|-----|--|----|--|
| <p>Name of person with a medical condition:</p> | | | | | |
| <p>Please confirm the nature of the medical condition:</p> | | | | | |
| <p>In your professional opinion, is Angel Oak Academy the only school which is appropriate for the child or parent to attend as a result of their medical condition?</p> <table border="1" data-bbox="229 1397 703 1498"><tr><td data-bbox="229 1397 363 1498">Yes</td><td data-bbox="363 1397 475 1498"></td><td data-bbox="475 1397 592 1498">No</td><td data-bbox="592 1397 703 1498"></td></tr></table> | | Yes | | No | |
| Yes | | No | | | |
| <p>Please state your reasons for stating Angel Oak Academy is the only school which is appropriate for the child or parent to attend:</p> | | | | | |

| | |
|--|--|
| | |
| <p>Please explain the difficulties the child or parent would experience if the child attended another school within a reasonably distance of the child's main home address:</p> | |
| Signed: | |
| Print Name: | |
| Position: | |
| Name of Surgery or Hospital: | |
| Address of Surgery or | |

| | |
|------------------------|--|
| Hospital: | |
| Date: | |
| Official Stamp: | |