

**WOLSEY INFANT AND NURSERY SCHOOL AND WOLSEY  
JUNIOR ACADEMY**

**(TO BE RENAMED TUDOR PRIMARY ACADEMY UPON  
AMALGAMATION)**

**CATEGORY 2 (CHILDREN WITH A MEDICAL NEED) FORM  
REPORT FROM GP OR HOSPITAL CONSULTANT**

Part A of this form must be completed by the child's parent for children falling into Category 2 only. The form must then be provided to the GP or hospital consultant of the child or parent with a medical condition, who will then complete Part B, sign, date and stamp the form, before returning it to the parent for submission by the application deadline.

The criteria for Category 2 is:

Children with a Medical Need to Attend Tudor Primary Academy Only

Children for whom Tudor Primary Academy is the only suitable and appropriate school for the child to attend will be allocated places under this category by reference to the proximity of the child's home address (as defined by this policy) to the Academy, with those living nearer receiving higher priority.

To be included within this category, there must be compelling reasons why Tudor Primary Academy is the only school which is suitable and appropriate for the child to attend because of a medical need of the child or their parent which prevents them from attending any other school. For the avoidance of doubt, social reasons and inconvenience for parents will not be regarded as a compelling reason for the child to be included within this category.

In addition to the Common Application Form, parents must complete a Category 2 Form, which is available for download on the Academy's website or in hard copy form from the Academy's office. Part A of the Category 2 Form must be completed by the parent before being provided to the child or parent's G.P. or hospital consultant who must then complete Part B, sign, stamp and date the form. Parents must not complete Part B of the Category 2 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 in their professional opinion only Tudor Primary Academy is suitable and appropriate for the child to attend, why no other school is suitable and appropriate, and the medical reasons why this is the case.

## PART A – TO BE COMPLETED BY PARENT

Child's Surname:			
Child's Forename(s):			
Child's Date of Birth:			
Child's Main Home Address: (as defined in the Admission Policy)			
Who has the medical condition which causes the child to fall within Category 2?			
Child:		Parent:	
<p><b>If the <u>child</u> has the relevant medical condition, this form should now be handed to the child's GP or hospital consultant for completion of Part B.</b></p> <p><b>If a <u>parent</u> of the child has the relevant medical condition, please complete the additional questions below, which will <u>only</u> be used by the parent's GP or hospital consultant to identify the parent as their parent, and will <u>not</u> be taken into by the Governing Body when the application for admission is considered.</b></p>			
Parent's Surname:			
Parent's Forename(s):			
Parent's Date of Birth <sup>1</sup> :			
Parent's Home Address: (If different)			

<sup>1</sup> Please note that the parent's date of birth will only be used by the parent's GP or Hospital Consultant to identify the parent as a patient before completing Part B. It is not required by the Academy to apply the Admission Policy and will not therefore be taken into account by the Academy in any way.

**PART B – TO BE COMPLETED BY THE GP OR HOSPITAL CONSULTANT ONLY**

Name of person with the medical condition:

Nature of the medical condition:

**In your professional opinion, is Tudor Primary Academy the only school which is appropriate for the child to attend as a result of the child or parent's medical condition?**

Yes

No

**Please state the reasons for your professional opinion:**

**Please state the difficulties that would be experienced if the child attended a different school:**

**I certify that the information provided in this form is true and accurate, to the best of my knowledge and belief:**

Signed:

Print Name:

Position:

Name of Surgery or Hospital:

Address of Surgery or Hospital:

Date:

Official Stamp: