



HERTS FOR
LEARNING
**MULTI
ACADEMY
TRUST**

OXHEY WOOD PRIMARY SCHOOL

PRIORITY 2 FORM - EXCEPTIONAL MEDICAL OR SOCIAL NEED

REPORT FROM A DOCTOR, SOCIAL WORKER OR OTHER RELEVANT INDEPENDENT PROFESSIONAL

Part A of this form must be completed by a parent. The form should then be provided to the doctor, social worker or other relevant independent professional who should complete Part B, sign, date and stamp the form, before returning it to the parent if the parent wants to rely on this priority in order to achieve a place at the school. The form must be submitted at the same time as the Common Application Form.

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

"Priority 2 – Children who the Trust accepts have an exceptional medical or social need for a place at the school":

*Children for whom Oxhey Wood Primary School is the **only** school that is appropriate for the child to attend because of the child's exceptional medical or social need, 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 the doctor, social worker or other relevant independent professional who must then completed Part B, sign, stamp and date the form. The doctor, social worker or other relevant independent professional must expressly confirm not only the nature of the exceptional medical or social need of the child or parent, but also the reason why it is appropriate for the child to attend the school, why no other school is suitable, and the 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."*

Instructions to Hertfordshire County Council: please ensure that this form is kept confidential and is processed only to the extent that it is necessary to pass the information to the school. Please ensure that the forms are sent to the school by a secure means. Please contact HCC's Strategy & Policy Manager, Admissions & Transport, for further details.

PART A – To be completed by Parent

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

This form should now be handed to the child's doctor, social worker or other relevant independent professional for completion of Part B.

PART B – To be completed by a doctor, social worker or other relevant independent professional then returned to the parent

<p>Name of person with an exceptional medical or social need:</p>					
<p>Please confirm the nature of the exceptional medical or social need:</p>					
<p>In your professional opinion, is Oxhey Wood Primary School the only school which is appropriate for the child to attend as a result of their medical or social need?</p> <table border="1" data-bbox="229 1447 703 1547"><tr><td data-bbox="229 1447 363 1547">Yes</td><td data-bbox="363 1447 475 1547"></td><td data-bbox="475 1447 592 1547">No</td><td data-bbox="592 1447 703 1547"></td></tr></table>		Yes		No	
Yes		No			
<p>Please state your reasons for stating Oxhey Wood Primary School is the only school which is appropriate for the child to attend:</p>					

<p>Please explain the difficulties the child would experience if the child attended another school within a reasonable distance of the child's main home address:</p>	
Signed:	
Print Name:	
Position:	

Organisation:	
Organisation's address:	
Date:	
Official Stamp:	

Note to professional: please return the completed form to the parent named above by a secure means. It is the parent's responsibility to submit the form as part of the admissions application process.