

HOLLAND PARK SCHOOL

SUPPLEMENTARY FORM TO SUPPORT SOCIAL OR MEDICAL APPLICATION

Please note that this form is a supplementary form in order to support an InYear Admission application, on the grounds of social or medical need

In order for your application to be considered on either social or medical grounds you must first complete an in-year admission form and return the **two forms** back to the Admissions Team at Holland Park School with all your supporting evidence.

STUDENT DETAILS

Legal Family Name: _____ Legal Forename/s: _____

SECTION ONE

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

- 1.
- 2.
- 3.

SECTION TWO

Please specify the grounds for your social or medical application. Please give as much detail as possible.

SECTION THREE

Please set out the reasons why it is necessary for your child to attend Holland Park School in particular and the difficulties that would be caused if your child had to attend any other school.

DECLARATION

PLEASE READ THIS DECLARATION CAREFULLY BEFORE YOU SIGN AND DATE IT

1. Any personal information contained in this form is subject to the Data Protection Act 1998.
2. Governors may seek advice from other service areas to inform a decision. This may, for example, include the Special Educational Needs Team or an Educational Psychologist.
3. I confirm that I have read and understand Holland Park School's social and medical criteria.
4. I understand that Holland Park School reserves the right to verify any of the information given on this form and to carry out further investigations if they require additional evidence to verify the information given.
5. I have supplied supporting evidence from a professional involved with the family and understand that failure to do so will mean that my application will not be processed under this criteria.

Parent / Carer Name: _____

Parent / Carer Signature:  _____

Date: _____

For Internal Use Only:

Year Group: _____

References: Yes No Requested

Date Application Received:

Distance of residence from the school: _____

Sibling: Yes No

Notes: