

ALDERBRUY & WEST GRIMSTEAD CEVA PRIMARY SCHOOL

2024/2025 SUPPLEMENTARY INFORMATION FORM – Vulnerable Children – All Schools

Part A – Please ensure that you read before completing

The oversubscription criteria set out in section 3 of the School’s published Admission Arrangements will be used to prioritise the offer of school places where there are more applications received than places available. There is one criterion which, if you wish your application to be considered against, requires this Form to be completed: 3b – Vulnerable Children.

This Page Applies to Criterion 3b – Vulnerable Children

A child is eligible in this category where the child has an identified social or medical need.

Medical need means where written evidence has been provided from a senior clinical medical officer or the child’s general practitioner / specialist showing that the child’s condition would make it detrimental to the child’s health not to admit them to the School. This may include written evidence where the parent has a medical need and/or disability which would make it detrimental for the child to attend a different school; this may be supported by evidence of the child as a young carer. Evidence to be relied upon must be submitted with the Supplemental Information Form and sent to the School on or before 15th January 2024.

Social Need means where the child is of confirmed refugee status. Written evidence of this from the home LA must be submitted with the Supplemental Information Form and sent to the School on or before 15th January 2024.

Part B – Submitting your Supplementary Information Form

For a child to start in Reception in September 2024 - your completed Supplementary Information Form must be delivered directly to the school office on or before 15th January 2024.

For a child to join any year group during the 2024/2025 school year - your completed Supplementary Information Form must be delivered with your admission application form directly to the school office.

Part C – Medical / Social Need Information

Please set out in detail the Medical or Social Need of the child. **Please remember** to attach relevant written evidence from (for example) the child’s general practitioner / specialist.

Signed: _____ Print name _____

Please use additional paper if necessary Date: _____