Epsom Downs Community School Supplementary Information Form Exceptional Social/Medical need – 2025/26

APPENDIX 1

Applicants who wish to be considered for priority under the criterion of exceptional social/medical need at Epsom Downs Community School must complete this form, **in addition to the local authority application form**.

- If the application is for Reception in September 2025 this supplementary information form and supporting evidence must be submitted by 15 January 2025. Any forms or evidence submitted after this date may not be considered until after the national offer day
- If the application is for in year admission at any other time, this supplementary information form and supporting evidence must be submitted at the same time as submitting the application

Recent supporting evidence from relevant registered professional(s) involved with the child must also be submitted with this form, such as a doctor and/or consultant for medical cases or a social worker, health professional, housing officer, the police or probation officer for other social circumstances. All evidence must be on letter headed paper and reflect the child's current situation.

The evidence must confirm the circumstances of the case and must set out why the child should attend the preference school and why no other school could meet the child's needs.

Providing evidence does not guarantee that a child will be given exceptional social/medical priority at the school and in each case a decision will be made based on the merits of the case and whether the evidence demonstrates that a placement should be made at this school above any other.

Common medical conditions, allergies and asthma can usually be supported in all mainstream schools, therefore priority under this school's exceptional medical criterion would not normally be given for these.

In addition, routine child minding arrangements would not normally be considered to be an exceptional social reason for placement at this school.

Requests will be considered in accordance with the Equalities Act 2010.

Please complete all boxes in CAPITAL LETTERS

1. Child's details

Question	**Answer**
Surname	
Forename	
Date of Birth (dd/mm/yyyy)	

Question	Answer
Address	

2. Details of case

Question	Answer
Please set out the particular reasons why Epsom Downs Community School is the only school that can meet your child's needs and the difficulties that would be caused if your child had to attend another school.	

Question	Answer
Please list the supporting evidence that is being submitted to support your application under the exceptional social/medical need criterion	

Declaration

I understand that the information contained in this form is subject to GDPR (General Data Protection Regulation) and my personal data may be exchanged with Surrey County Council, and Government agencies where necessary.

I understand that the outcome of this request for exceptional social/medical priority will be on the basis that the information I provide is accurate and correct and that if any information changes it is my responsibility to inform the school.

I certify that all relevant sections have been completed fully and I have supplied all the supporting evidence from the professionals involved to support my application under social and medical grounds.

I understand that if I submit this form or evidence after the closing date it may not be considered until after the national offer day.

I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.

Question	Answer
Signature of parent/guardian:	
Date:	

Once completed this form must be returned to: add address