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**Declaration in support of your application
For a place on Medical Grounds at your
Preferred School**

To be completed by parent(s)/carer(s)

The parent(s)/carer(s) of *(please insert name of child)*
wish to apply to the Local Authority for a place at Oasis Academy Brislington for their child under
Criterion C of the Academies Admission Priorities on medical grounds (children with a particular
medical condition which can be met most appropriately by the preferred school).

If you are unable to obtain the necessary documentation from your GP/Consultant and you may miss
the closing date by waiting for this information, please tick the box below and indicate how much
additional time you may need.

I am unlikely to be able to supply medical evidence by the closing date and request an
extension until date.

To be completed by the child's General Practitioner or Consultant

In the box below please provide details of the child's medical condition stating why you believe the
school noted above is the only and most appropriate school to meet the child's needs. It is essential
that you provide comprehensive information on the severity of the child's medical condition(s) and
any other relevant needs.

Medical condition:

Reason for recommending the preferred school:

Signed: _____ Date: _____

Please print name: _____

Job Title of Healthcare Professional: _____

**Please return the form directly to the school before 31 March (to take account of school holidays)
for the information to be considered in the second round of allocations in early May.**

Signature of Parent/Carer: _____ Date: _____