

Supplementary Information Form

| Part A – To be completed by Parent | |
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| Child's Surname: | |
| Child's Forename(s): | |
| Child's Date of Birth: | |
| Child's Main Home Address: | |
| <p>Please confirm who has the relevant medical condition?</p> <p> <input type="checkbox"/> Child <input type="checkbox"/> Parent </p> <p>If the child has the relevant medical condition, this form should now be handed to the child's G.P. or hospital consultant for completion of Part B.</p> <p>If a parent of the child has the relevant medical condition, please complete the additional questions below.</p> | |
| Parent's Name | |
| Parent's Date of Birth: | |
| Parent's Home Address: | |

| Part B – To be completed by GP or Hospital Consultant | |
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| Name of person with a medical condition: | |
| Please confirm the nature of the medical condition: | |
| <p>In your professional opinion, is Weavers Academy the only school which is appropriate for the child or parent to attend as a result of their medical condition?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> </p> | |
| Please state your reasons for stating that Weavers Academy is the only school which is appropriate for the child or parent to attend: | |



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| Please explain the difficulties the child or parent would experience if the child attended another school within a reasonably distance of the child's main home address: | |
| Signed: | |
| Print Name: | |
| Position: | |
| Name of Surgery or Hospital: | |
| Address of Surgery or Hospital: | |
| Date: | |
| Official Stamp: | |