

APPEAL FOR ADMISSION TO A COMMUNITY, VOLUNTARY CONTROLLED SCHOOL OR AN ACADEMY

Appeal forms for Voluntary Aided (Church) Schools/Academies are available from the school/academy

PLEASE NOTE THAT IF YOUR CHILD HAS AN EDUCATION, HEALTH & CARE PLAN (FORMERLY A STATEMENT OF SPECIAL EDUCATIONAL NEEDS), THIS APPEAL FORM DOES NOT APPLY. YOU MUST APPLY TO THE SPECIAL EDUCATIONAL NEEDS TRIBUNAL. PLEASE CONTACT THE STATUTORY ASSESSMENT TEAM ON (01253) 476553 TO DISCUSS THIS.

To enable legible photocopies to be produced for members of the Appeal Panel, please complete this form in black ink

A. DETAILS OF THE CHILD AND PARENT/CARER

1. Child's full name (legal surname).....

If your child is known by any other surname, please state.....

2. Child's date of birth: Date.....Month.....Year..... Male Female

3. Current or last school/academy attended

4. Parent/Carer's name(s)

5. Address

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Tel No (Home).....(Work).....(Mobile).....

6. Relationship to child (Father/Mother/Grandparent/Other)

7. Do you intend to be present at the Appeal hearing? YES NO

8. If you intend to be represented by someone else, please provide the name of that person

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Please note: If you **do not** intend to be present or be represented, the appeal will be considered on the basis of information you provide on this form and any other information you attach.

9. If you have any other children, please provide their names, ages and the school/academy that they attend or have been allocated

Name of child	Date of birth	School/academy attending/allocated

B. PREFERRED SCHOOL/ACADEMY AND REASONS FOR YOUR APPEAL

1. Which school/academy would you like your child to attend?
2. Please give you reasons why you think a place should be allocated for your child at this school/academy. Please provide details of any special reasons, for example if your child has a medical condition, or if there are social or welfare reasons why you feel your child should go to this particular school/academy. PLEASE NOTE: Professional evidence to support these reasons should be attached if possible, for example, a report from a consultant or social worker.
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3. Have you visited this school/academy?.....

C. SCHOOL/ACADEMY THAT HAS BEEN OFFERED

1. Which school/academy has been offered to your child?
2. Have you visited the school/academy that has been offered or discussed with any member of staff what the school/academy has to offer?
3. Why are you not happy with the offer of this school/academy?
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Signed Date

You may continue your reasons on another sheet of paper, or attach any other documents that you feel appropriate.

If you have difficulty in completing this form, please contact the School Admissions Team on (01253) 476474 or 476637.

**Please return the completed form to the
Independent School Appeals Team, Democratic Services,
PO Box 1066, Town Hall, Blackpool FY1 1GB**