

## ENDEAVOUR LEARNING TRUST

### ADMISSION APPEALS

#### Notes for the Appeal Form

#### How Lancashire County Council will correspond with you

The Appeals Process for those ELT schools which are based in Lancashire is carried out by Lancashire County Council on our behalf. This section describes how Lancashire County Council will contact you:

LCC will contact you via e-mail on the e-mail address you supply on your appeal form. It is important that the contact details supplied by all appellants is checked as correct at the time of submission by yourself.

If your appeal is conducted by Conference Call, the clerk will contact you on the number given in your appeal form. If you are unable to attend that hearing and have not notified us previously then your appeal will go ahead without you present.

Please note that as the details within the e-mail contains Personal and Confidential information all e-mails will be sent encrypted and appellants will need to register and create an account and log onto our secure e-mail service "Egress" to enable you to access the information relating to your appeal.

**It is the responsibility of the appellant to check all folders contained within your e-mail account i.e. Inbox, Spam and Junk folders.**

#### If you have a Disability or if English is not your first language

All Appeal hearings will be conducted in **English only** whether this is Face to Face, by Conference Call or by Written Submission.

It is the **responsibility** of you, the appellant to **nominate a designated helper** to assist in this and to inform the appeals team via e-mail [appeals@lancashire.gov.uk](mailto:appeals@lancashire.gov.uk) of the named helper and their contact details to enable them to participate on your behalf during the appeal process and at the hearing.

If you are unable to fill in an Admissions Appeal form yourself due to a **disability** or any **language barrier** you feel may compromise your submission then help is available from our Customer Service Centre who will be able to assist you in filling out the relevant form.

The contact number for the Customer Service Centre is **0300 123 6707**

***(Please note that The Contact Centre staff are unable to advise you of your submission or act as interpreters and are only able to fill the form out on your behalf).***

#### Home Address

Please note that we will always check the admission address supplied with the details you have supplied within your appeal form where this differs the Authority will need to investigate and seek further clarification from yourselves. Therefore, it is important that if you are submitting an alternative address on appeal that you support this with the appropriate evidence.



**APPEAL FOR ADMISSION TO A  
VOLUNTARY AIDED OR FOUNDATION SCHOOL,  
FREE SCHOOL OR ACADEMY**

Official use only
Appeal No:
Primary
Secondary

**Date of Issue:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Note:** If your child has a Statement of Special Educational Needs, please do not fill in this form. Contact the Area SEN team for details of procedures - **Tel: South: 01772 531597**. (This contact number is only for children with a final Statement of Special Educational Needs / EHC Plans.)

The Governing Body of each voluntary aided and foundation school, Academy and Free school is responsible for making arrangements for an independent panel to hear appeals against any decision to refuse admission.

Independent Appeal Hearings are conducted in accordance with the Code of Practice drawn up in consultation with the Council of Tribunals **and conducted in English and any temporary or amended guidance applicable at the time.**

Appellants are entitled to attend the hearing and **are strongly encouraged to do so**, where DFE guidance and the DFE Appeals Code allows. **Where restrictions do apply the Appeals Team will notify you of this in your appeal arrangement letter and the format of how the Appeal Hearing will be conducted as decided by the Appeals Panel.**

Please read the accompanying notes before completing this form (or contact your Area Pupil Access Team – (details can be found in your offer email/letter).

**Please ONLY fill in this form using BLACK INK.**

**A. GENERAL INFORMATION – THE PUPIL AND THE APPELLANT**

**1. Name of Pupil:** \_\_\_\_\_  
Surname Forename(s)

**2. Pupil's Date of Birth:** \_\_\_\_\_  
Date Month Year Gender

**3. Current school or nursery:**  
 \_\_\_\_\_

**4. Name(s) of Parent(s) or Guardian(s):**  
 \_\_\_\_\_

**5. Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
Postcode

**Phone:** \_\_\_\_\_  
Home Work Mobile

- You **MUST** provide an e-mail address in order for the Appeals Team to correspond with you.
- Please ensure that the e-mail address is correct and is legible.

- All correspondence will be sent in English to the e-mail address you supply on this form.

**E-mail:**  
 \_\_\_\_\_

If intending to move house,  
new address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode

Intended date of move:

\_\_\_\_\_

**Note:** If you are moving address you must produce evidence of an exchange of contracts/tenancy agreement prior to the hearing date. Please see the Appeal Notes (Part 3), 'Addresses'.

\* Father / Mother / Guardian / Other (please

6. Your relationship to pupil state):

\_\_\_\_\_

7. Do you intend to take part in the hearing? YES / NO

\_\_\_\_\_  
\_\_\_\_\_

Please provide full contact details of your nominated representative, including an e-mail address and phone number.

## B. SCHOOL PREFERRED

9. Where would you like your child to attend?

\_\_\_\_\_

10. State clearly all your reasons for wanting a place at this school/academy (if these include specific medical, social or welfare reasons, please attach relevant professional evidence, e.g. from a doctor, health visitor etc.)

- *Attach additional sheets / information as required that you wish the Panel to consider as part of your hearing.*
- *It is the responsibility of the appellant to supply all evidence, the Authority will not seek evidence on behalf of the appellant.*

Will the child who is the subject of this appeal have any siblings \*  
(brothers or sisters) attending this school at his/her date of entry?

YES / NO

\_\_\_\_\_

If Yes, please complete the following, giving details of the siblings:  
(\* Siblings are defined within the published admission policy for each school or academy)

Name(s) \_\_\_\_\_ DOB \_\_\_\_\_ Date(s) admitted \_\_\_\_\_

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### C. SCHOOL / ACADEMY ALLOCATED

11. Where has your child been allocated a place? \_\_\_\_\_

12. Are there any reasons why this offer is not acceptable?  
\_\_\_\_\_

13. Have you contacted / visited this school/academy? YES / NO \_\_\_\_\_

### D. RELIGIOUS COMMITMENT (WHERE APPLICABLE)

If you claim active parental commitment to any faith as part of your case, please complete this section.

14. Name place of worship attended (e.g. named Church, Mosque)  
\_\_\_\_\_

15. How frequently do parents attend? \_\_\_\_\_

16. For how long this has been your pattern of worship? \_\_\_\_\_

### Signature

PLEASE NOTE THAT YOU ARE SIGNING THIS TO CONFIRM THAT YOU HAVE AGREED FOR YOUR APPEAL TO BE HEARD AND THAT IF YOU NEED ASSISTANCE THAT IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOU HAVE A NOMINATED HELPER / INTERPRETER TO ASSIST WITH YOUR APPEAL ON THE DAY.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have submitted additional evidence to support my Appeal Yes/No

List of evidence supplied to support my Appeal:  
\_\_\_\_\_

All written documentation which you wish to be considered by the Independent Appeal Panel must be submitted with this form. Details about the appeal process and full case papers will be issued to you in line with the Appeals Code via e-mail to the address you have submitted on this form.

If you feel discrimination has occurred on the basis of a protected characteristic (as defined within the Equality Act 2010) please request further information and assistance from an Area Pupil Access Team (see offer letter/email). The defined protected characteristics are disability, race, gender, religion or belief, age, sexual orientation, gender re-assignment, pregnancy or maternity and marital and civil partnership status.

**PLEASE RETURN THIS FORM DIRECT TO THE VOLUNTARY AIDED OR FOUNDATION SCHOOL, FREE SCHOOL OR ACADEMY FOR WHICH YOU ARE APPEALING AS QUICKLY AS POSSIBLE WITH ANY SUPPORTING INFORMATION OR EVIDENCE.**

**SOME LANCASHIRE ACADEMIES HAVE THEIR OWN APPEAL FORM – PLEASE CHECK ON THIS WEBSITE [www.lancashire.gov.uk/schools](http://www.lancashire.gov.uk/schools)**

