

**APPEAL FOR ADMISSION TO
BURSCOUGH PRIORY ACADEMY**

For official use only
Appeal No: _____

Primary

Secondary

To be returned to appeals@burscoughprioryacademy.org by 28th March 2019

Date of Issue: _____ Date Received: _____

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

Note: If your child has a Statement of Special Educational Needs or EHC Plan, please do not fill in this form. Contact the Area SEN team for details of procedures - **Tel: North 01524 581200; South: 01772 531597; East: 01254 220562.** (These contact numbers are only for children with a final Statement of Special Educational Needs / EHC Plans.) Independent Appeal hearings are arranged in accordance with the Code of Practice drawn up in consultation with the Council of Tribunals. Appellants are entitled to attend the hearing and **are strongly encouraged to do so.**

Please read the accompanying notes before completing this form (infant class size or prejudice).

To enable legible photocopies of this form to be produced for members of the Appeal Panel please complete in BLACK INK.

A. GENERAL INFORMATION – THE PUPIL AND THE APPELLANT

1. Name of Pupil: Surname: _____ Forename(s): _____

2. Pupil's Date of Birth: Day _____ Month _____ Year _____ Sex _____

3. School/academy now attending/previously attended: _____

4. Name(s) of Parent(s) or Guardian(s): _____

5. Address: _____

Postcode: _____

Telephone: Home _____ Mobile _____ Work _____

Email Address: _____

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 on or before the hearing date. Please see the Appeal Notes (Part 3), 'Addresses'.

6. Your relationship to pupil: *Father / Mother / Guardian / Other (please state): _____

7. Do you intend to be present at the Hearing? Yes/No

8. Do you intend to be represented? YES / NO If so, by whom? _____

Note: You must provide all relevant information before your appeal hearing. Information provided late or on the day may not be considered or your hearing may be delayed or deferred. If you are not present or represented the appeal will be considered on the basis of the information supplied. All information should ideally be on A4 sized paper and not stapled. **You are strongly advised to attend the appeal hearing.**

B. SCHOOL OR ACADEMY PREFERRED

9. Where would you like your child to attend? _____

Will the child who is the subject of this appeal have any siblings (as defined within the published admission policy for each school or academy) attending this school at his/her date of entry? * YES/NO (please delete).

If Yes, please complete the following, giving details of the siblings:

Name:	Date of birth:	Date admitted:
Name:	Date of birth:	Date admitted:
Name:	Date of birth:	Date admitted:

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, eg from a doctor, health visitor etc as required – A4 size and not stapled if possible

Please continue on additional sheets

C. SCHOOL OR ACADEMY ALLOCATED

11. Where has your child been allocated a place? _____

12. Are there any particular 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 (eg named Church, Mosque) _____

15. How frequently do parents attend? _____

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

Signed _____ Date: _____

Please list all supplementary evidence in support of your case (attached/enclosed):

- 1.
- 2.
- 3.

This form must be returned by _____ in order to be scheduled for the next hearing.

All written documentation which you want to be considered by the Independent Appeal Panel must be submitted with this form (ideally on A4 and not stapled) Details about the appeal process and full case papers will be issued to you before the appeal

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, FOUNDATION, FREE SCHOOL OR ACADEMY FOR WHICH YOU ARE APPEALING AS SOON AS POSSIBLE WITH ANY SUPPORTING INFORMATION OR EVIDENCE.