

Admission Appeal Form

PLEASE NOTE: If you are appealing for more than one child please complete a separate form for each child. Please complete this form in black ink.

Year group into which you wish your child to be placed		7/8/9/10/11
CHILD DETAILS	Surname: _____ Forename: _____	
	DOB: _____	Male / Female <i>(please delete as appropriate)</i>
School currently attending/last school attended:		
Date child left <i>(if applicable)</i> :		
	Yes ✓	No ✓
Is your child 'cared for' by a local authority <i>(i.e. in public care)</i> ? If yes, please state which local authority and provide a contact number:		
Was your child 'previously cared for' by a local authority <i>(i.e. in public care)</i> ? If yes, please state which local authority and relevant dates.		
Does your child have a Statement of Special Educational Needs/Education Health Care Plan?		
Is your child permanently excluded from school?		

Appellant's name: Mr/Mrs/Miss/Ms/Dr <i>(please delete as appropriate)</i>	
Relationship of appellant to child – <i>(please specify - parent/guardian/carer/other)</i> If other – do you have parental responsibility? Yes/No <i>(please delete as appropriate)</i>	
Do you intend to be present at the appeal hearing? Yes / No <i>(please delete as appropriate)</i>	
Have you any special requirements e.g. wheelchair access/hearing problems? Yes / No If yes please provide details	
Current Address:	Address in Cheshire East to which you are moving: <i>(if applicable)</i>
Postcode	Postcode Date of Moving
E-mail address:	
Telephone contact numbers: Home : Mobile :	

Do you have any other school aged children?

If so indicate their names, date of birth and schools they attend.

Name	Date of Birth	Name of Child's present school

Please state your reasons for seeking a place at this school (e.g. moving into the area/domestic arrangements etc).

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(continue on a separate sheet if necessary)

Any other specific needs (give details):

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I wish to appeal against the decision of the Local Authority not to allocate a place for my child at the school named overleaf.

Signed: **Date:**

Please return this form by email to:

Mr C Parr cpr@knutsfordacademy.org.uk

Or send to

Mr C Parr
Assistant Headteacher
Knutsford Multi-Academy Trust
Bexton Road
Cheshire
WA16 0EA