

## 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
<b>CHILD DETAILS</b>	Surname:	Forename:
	DOB:	Male / Female <i>(please delete as appropriate)</i>
School currently attending/last school attended:		
Date child left <i>(if applicable)</i> :		
		<b>Yes ✓</b>
Is your child <b>'cared for'</b> by a local authority <i>(i.e. in public care)</i> ? If yes, please state which local authority and provide a contact number:		<b>No ✓</b>
Was your child <b>'previously cared for'</b> 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 <b>Statement of Special Educational Needs/Education Health Care Plan?</b>		
Is your child <b>permanently excluded</b> 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> <b>If other – do you have parental responsibility? Yes/No</b> <i>(please delete as appropriate)</i>	
Do you intend to be present at the appeal hearing? <b>Yes / No</b> <i>(please delete as appropriate)</i>	
Have you any special requirements e.g. wheelchair access/hearing problems? <b>Yes / No</b> If yes please <b>provide</b> details	
Current Address:	Address in Cheshire East to which you are moving: <i>(if applicable)</i>
Postcode	Postcode <b>Date of Moving</b>
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 Leigh** [clh@knutsfordacademy.org.uk](mailto:clh@knutsfordacademy.org.uk)

**Or send to**

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