

APPEAL FOR ADMISSION TO A VOLUNTARY AIDED OR FOUNDATION SCHOOL, FREE SCHOOL OR ACADEMY	Official use only
	Appeal No:
	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Date of Issue: _____ **Date Received:** _____

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.

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: 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 (or contact the Area Pupil Access Team – details in your offer email/letter - if not available).

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

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

EMAIL (Please note that all correspondence regarding your appeal hearing will be sent to your e-mail address, unless stated otherwise):-

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? _____

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 – A4 size and not stapled if possible

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 (s)	Date (s) admitted
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. SCHOOL / 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 (e.g. named Church, Mosque)

15. How frequently do parents attend? _____

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

Signature

Signed: _____ Date: _____ No. of sheets attached (A4 please) _____

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