

**Our Ref:**

**ADMISSIONS APPEAL FORM**

**Please complete this form in black ink**. If you are appealing for **more than one child** or for more than one school please complete a separate form for each child and each appeal.

|  |  |
| --- | --- |
| **YEAR GROUP FOR WHICH YOU WISH TO APPEAL FOR A PLACE:** |  |
| **SURNAME** |  |
| **FORENAME** |  |
| **DOB** |  |
| **MALE/FEMALE** |  |
| **School Currently attending/last school attended** |  |
| **Date child left (if applicable)** |  |
|  | **Yes 🗸** | **No X** |
| Is the child ‘Looked After’ by a Local Authority (*in public care*)? |  |  |
| If Yes, please state which Local Authority and provide a contact number |  |  |
| **Contact Number for Local Authority** |  |  |
| Does your child have a **Statement** of Special Educational Needs? |  |  |
| Is your child **permanently excluded** from school? |  |  |
| **Appellant’s names: (parent, guardian or carer)** |  |
| Relationship of appellant to child (please specify – parent/guardian/carer/other)  |  |
| Do you intend to be present at the appeal hearing? |  |
| Have you any special requirements, ie wheelchair access/hearing problems? |  |
| **If ‘yes’ please give details overleaf** |  |
| **Current Address** | **Address in Cheshire to which you are moving:** |
|  |  |
| Post Code: | Post Code: |
| Email address | Email address: |
|  | Date of Moving: |
| Home telephone contact number: |  |
| Mobile telephone contact number: |  |

**For office use only**:

|  |  |
| --- | --- |
| Date Received |  |
| Confirm PAN reached |  |
| Logged on system |  |
| Acknowledgement sent |  |
| Child’s Catchment School |  |
| Presenting Officer |  |
| Passed to legal |  |
| Processed by |  |

Do you have any other school aged children?

If so indicate below their names, ages 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 area/domestic arrangements etc). If you are stating medical, psychological or social reasons **PLEASE ENSURE THAT PROFESSIONAL EVIDENCE IS ATTACHED**, e.g. a letter from a doctor stating the **medical reasons which require your child to attend this particular school**. You may also attach a separate a statement if you so wish in support of your appeal.

Any other specific needs (give details):

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I wish to appeal against the decision of the School not to allocate a place for my child.

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

**Please return this form to**:

Clerk to Appeals Panel

Alsager School

Hassall Road

Alsager, Stoke on Trent ST7 2HR