

Admissions Appeal Form

Please use block letters and write in black ink or ballpoint pen as this form will need to be photocopied

A) Legal name of child who is the subject of the appeal

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B) Gender (Please tick ✓)

Male

Female

C) Date of Birth

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D) School child presently attends:

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E) If your child has been offered a place at an alternative school, please state below:

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F) Name of parent(s) or person legally responsible for the child:

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G) Current address of parent(s) or person legally responsible for child:

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H) If you are moving house, please give details of new address and proposed date of move below. If you are likely to change address between the date you send in your notice of appeal and the date you wish your child to start at the school, the Panel will only consider your proposed address if you have entered into a definite legal commitment to move, for example, exchanged contracts on a house purchase or signed a lease tenancy agreement. If no such legal commitment has been made on your part, then the Panel will only take account of your present address when considering your appeal. In that case it may be in your best interests to ask for the appeal hearing to be deferred until you enter into the appropriate legal commitment. That, however, is a matter for you to decide.

House Number/Name: _____

Street Name: _____

Post Code: _____

Town: _____

County: _____

Proposed Moving Date: _____

Telephone Number (if known): _____

Will you require an interpreter? (Please tick ✓)

Yes

No

Any special requirements?

Please note - if you have ticked 'Yes' in question 'k' above, you will be sent two copies of the statement for the appeal panel at least 7 days before your appeal hearing. One copy is for you to keep, the other is for your friend or representative (if appropriate).

I) Other children in the family

Name	Date of Birth	Present school



J) Do you wish to attend the meeting (Please tick ✓)

Yes

No

K) If attending the hearing, will you bring a friend or representative (Please tick ✓)

Yes

No

L) Name and address of representative

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M) Please indicate below the dates when you are not able to attend (e.g annual holidays):

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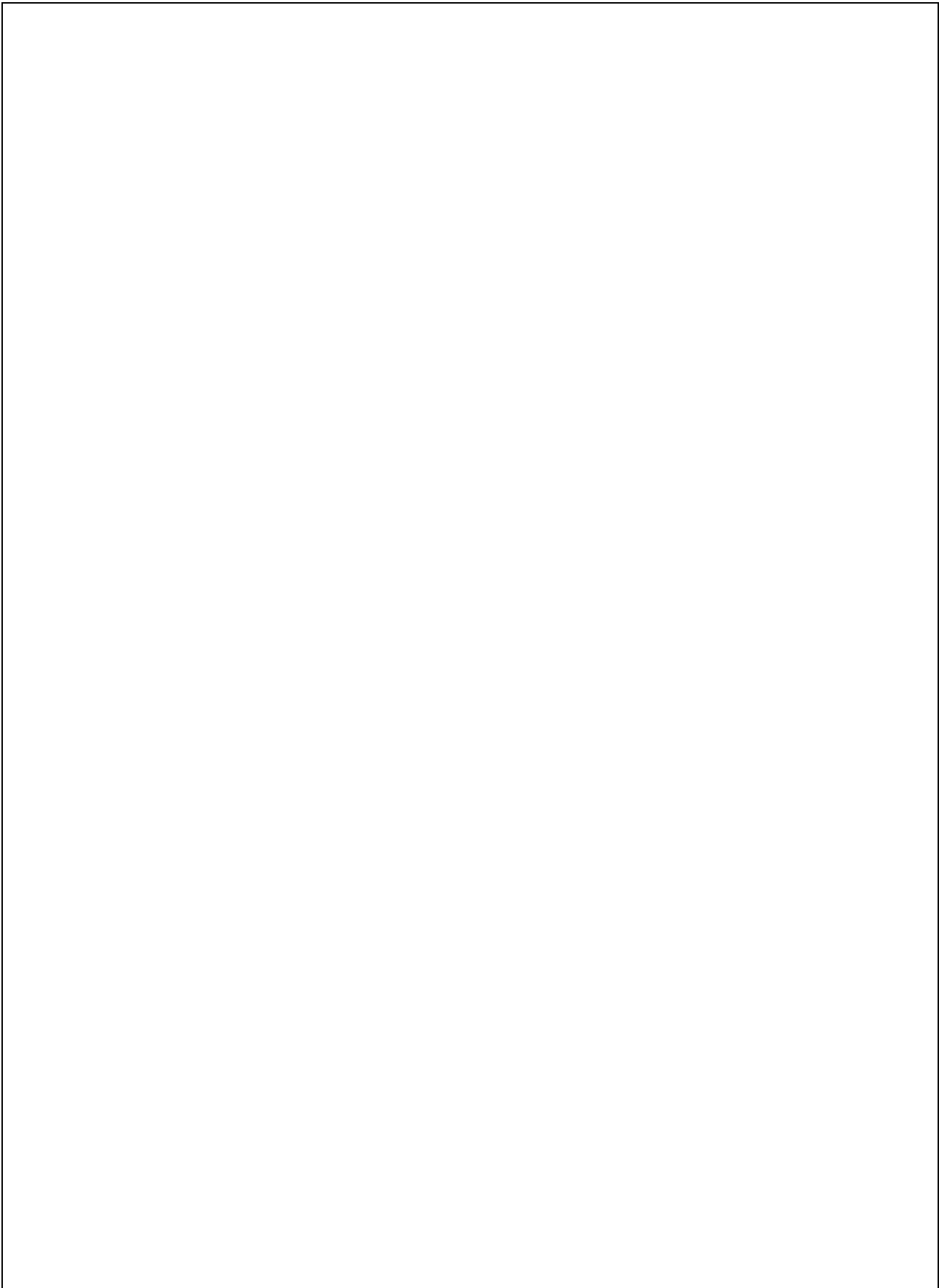
N) You are legally entitled to 10 school days' notice of the date your appeal is to be heard. Do you agree, if necessary, to less than 10 school days' notice for the date your appeal is to be heard? (Please tick ✓)

Yes

No

The reasons for my/our appeal are:

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Please attach any additional documents, information and evidence you wish to submit to the panel to support your case.

I declare that the information contain in this Notice of Appeal is correct, to the best of my knowledge, at the date of writing.

Signed: _____ Date: _____

Relationship to child: _____

Email: _____

Telephone number(s):

Home: _____

Mobile: _____

Work: _____

PLEASE RETURN THIS NOTIFICATION TO:

**SIR ROBERT PATTINSON ACADEMY
MOOR LANE
NORTH HYKEHAM
LINCOLN
LN6 9AF**

Email: appeals@srpa.co.uk