

ST JOHN'S PRIMARY ACADEMY ADMISSION APPEAL FORM

If your child has an Education, Health and Care Plan, you must contact Lincolnshire County Council's Special Educational Needs Team on 01522 553332.

Please complete this form and return it to: Admission Appeals, Administration Team, St John's Primary Academy, Grantham Road, Bracebridge Heath, Lincoln LN4 2LD.

Appeals will be heard within 40 school days of the deadline for block appeals; or within 30 school days of receipt for in-year appeals. Please inform the school your child has been allocated if you have a pending appeal and you do not wish to start at the allocated school until the result is known.

Once returned, you will receive a written acknowledgement of this form within five working days. If you do not receive an acknowledgement within this time, please contact the academy on 01522 889977.

Please use block letters and write in black ink or ballpoint pen.

School you are appealing for:
Name of child who is the subject of the appeal:
Gender: Male
School child currently attends:
If your child has been offered a place at an alternative school, please tell us below:
Contact details of person appealing on behalf of the child:
Full name:
Relationship to child:
Address:
Home phone number:
Mobile phone number:
Email address:
Child's postal address if different:
Postcode

If you are moving house, please give address between the date you send in start at the school, please read carefu and Carers headed Moving House.	n your admi	ssion appeal form and t	he date you wish your child to
		Postcode	
Status of move:	Tenancy	agreement signed	Exchanged contracts
Moving in with partner or relatives (Please provide evidence for any of the a photocopy)		Forces posting a copy of the exchang	Other Department of contracts. This should be
Details of the move, including dates: .			
Other children living in the same hous	sehold unde	r 19 years of age:	
Name Date of I	<u>birth</u>	Current schools	Have you appealed before?
			Yes 🔲 No 🔲
			Yes 🔲 No 🔲
			Yes No No
If you have appealed for a Lincolnshir	e school be	fore, please give details	including dates:
You are legally entitled to 10 school of an appeal more promptly if you agree			peal. Sometimes we can hear
Do you waive your right to 10 school of	days notice?	>	Yes 🔲 No 🔲
Have you received a letter refusing your lf yes, please attach a copy.	our child a pl	lace at this school?	Yes No No
Or was this a verbal refusal?			Yes 🔲 No 🔲
Will you be attending the appeal?			Yes No No
Please indicate any dates when you a arranging the appeal. However, appearannot be changed.			
Name and address of person accomp	anying you:		

Their relationship to the child:	
If not attending, will anyone represent you at the appeal? Yes \square No \square	
Name, address and organisation (if applicable) of the person representing you:	
Do you require an interpreter; there will be no charge for this service? Yes No	
If yes which language? Please state dialect if relevant	ı
Do you require the services of a signer, there will be no charge for this service? Yes \square No \square	
Please state if you have any mobility issues so that suitable arrangements can be made.	
Reason for appeal Please give the reasons why you want a place for your child at the school. Please attach secu copies of any supporting documents, eg medical certificates. The panel can consider anything that feel is relevant, but may be restricted by the infant class size regulations when they make t decision (see School Admission Appeals: A Guide for Parents and Carers)	you

Please continue on a separate sheet if necessary and securely attach to this form. Any supporting information should be photocopies of the original where possible.
Please give contact details of any other person who has parental responsibility for the child. Please give full name, address, telephone number and relationship to the child:
Do you provide consent for us to contact this person? Yes No Please note, if you state no, we may contact you for further details.
. 7
Please note, if you state no, we may contact you for further details.
Please note, if you state no, we may contact you for further details. Declaration, please tick: I declare that I am the parent of or have parental responsibility for the child who is the subject
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