



APPEAL FOR ADMISSION TO GRACE ACADEMY DARLASTON Year 6 to Year 7

Data Protection Statement

The information collected on this form by us will be used by the independent appeals panel in support of your appeal. The form will be circulated to members of the independent appeals panel prior to the appeal meeting. This information will be retained for 5 years.

Return this form to: Clerk to the Appeal Panel, Grace Academy Darlaston, Herberts Park Road, Wednesbury, WS10 8QJ

Please complete sections 1—8. Section 9 is optional.

1) Please complete your child's personal details:

First Name of the Child: _____

Last Name of the Child: _____

Boy/Girl: _____ Date of Birth: _____

Current/Previous School: _____

**2) Are there any siblings on roll at the school the appeal is being made for?
(the definition of sibling for this purpose is brother or sister living at the same address)**

Name: _____ DOB: _____ Yr Group: _____

Name: _____ DOB: _____ Yr Group: _____

Name: _____ DOB: _____ Yr Group: _____

Are there any brothers and sisters who live at the same address in other schools?

Name: _____ DOB: _____ Yr Group: __ School Name: _____

Name: _____ DOB: _____ Yr Group: __ School Name: _____

Name: _____ DOB: _____ Yr Group: __ School Name: _____

3) Grounds of Appeal:

Please set out the reasons for your appeal. Use an additional sheet if necessary and attach securely to this form.

Have you attached an additional sheet? **YES/NO**

4) Have you attached any reports or letters from professionals that you wish to be put before the Panel in support of your appeal? Is so, please list them below and attach them securely to this form. Any documents must be lodged at least 5 days before the appeal hearing. e.g. Letter from Doctor or Children's Services.

5) Do you wish to attend the appeal in person? YES/NO (Delete as applicable)

Do you require an interpreter? YES/NO (Delete as applicable)

If yes, which language _____

Please tell us anything about your access needs (eg do you need wheelchair access?)

(delete as appropriate) Do you require 14 days notice of the appeal hearing?

YES or

NO - I confirm that I waive my right to 10 days notice of the appeal hearing date

6) If you are attending the appeal in person and intend to be represented or to call witnesses, please state below the name of your representative(s) and/or witnesses. Please note that under the School Admission Appeals Code the following people are excluded – the Head Teacher or other members of staff of the school being appealed for or any employee of Grace Academy Darlaston.

Details of Representative:

Title: _____

Forename: _____

Surname: _____

Details of Witness:

Title: _____

Forename: _____

Surname: _____

7) Current Home Address (proof will be required)

_____ Postcode: _____

Please sign below as appropriate

Signature of mother/carer _____ print name _____

Email address _____

Contact number _____

Signature of father/carer _____ print name: _____

Email address _____

Contact number _____

DATE _____

8. Does your child currently hold a Statement of Education Needs or an Education, Health and Care Plan, or is currently under assessment for an Education, Health and Care Plan?

Please circle

YES

NO

9. This section is optional. It will not affect your appeal if you choose not to complete it.

Do you consider that your child has a disability as defined by the Equality Act 2010?

Please circle

YES

NO

TO BE COMPLETED BY ALL

Parent/Guardian Declaration:

I confirm that the information given for this appeal is, to the best of my knowledge, true.

I understand that giving false information may lead to the withdrawal of any offer of a school place by the Admission Authority.

I understand that if I do not attend the appeal hearing (and do not send a representative), my appeal will be heard in my absence on the basis of the information I have supplied on this form and any other information I have submitted by the hearing date.

I am the parent/legal guardian for the child.

Signature _____ date _____

Signature _____ date _____