

Admission Appeal Application Form

| Child Details | | | |
|--|--|--------------------------------|----------------------------------|
| Surname: | | Forename: | |
| DOB: | | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> |
| Year Group (applying for): | | | |
| School currently attending / last school attended: | | | |
| Date child left this school (if applicable): | | | |
| <i>Please tick the box if Yes (leave blank if No)</i> | | | |
| Does your child have a statement of Special Educational Needs? | | <input type="checkbox"/> | |
| Is your child permanently excluded from school? | | <input type="checkbox"/> | |
| Is the child 'Looked After' by a Local authority (in public care?) | | <input type="checkbox"/> | |
| <i>If yes to the above please state which Local Authority and contact number</i> | | Authority: | |
| | | Contact No: | |

| Appellant Details | | | |
|--|---------------|--|-----------------|
| Appellant Full Name: | | Relationship of Appellant to Child:- | |
| | | Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/> Other: <input type="checkbox"/> | |
| Current Address | | Address to which you are moving (documentary evidence may be requested) | |
| | | <i>(If applicable)</i> | |
| Post Code: | | Post Code: | Date of moving: |
| E-mail: | Home ☎ : | | |
| | Mobile ☎ : | | |
| Do you intend to be present at the hearing? <input type="checkbox"/> | | State any special requirements : <i>i.e. wheelchair / access / interpreter / hearing problems etc.</i> | |
| <i>If you have any other school aged children please complete the information below:</i> | | | |
| Child's name | Date of Birth | Name of child's present school | |
| | | | |
| | | | |
| | | | |

Reasons for seeking a place

Please state your reasons for seeking a place at The Bishops' Blue Coat Church of England High School. If you are stating medical, psychological or social reasons please ensure that professional evidence is attached with this form (this could be a letter from your doctor stating the medical reasons which require your child to attend this school).

(Continue on a separate sheet if necessary)

| | |
|---|----|
| Please list any additional documents which you are submitting | 1. |
| | 2. |
| | 3. |

I wish to appeal against the decision not to allow a place for my child at The Bishops' Blue Coat Church of England High School

Signed: _____

Date : _____

Print name: _____

Relationship to child: _____

Please return this form to: The Admissions Clerk, The Bishops' Blue Coat Church of England High School (address at bottom of sheet)

Office use only

| | | | |
|------------------------|--|--------------------------|--|
| Date received | | Child's catchment school | |
| Confirm PAN reached | | Sent to CA | |
| Logged on SIMs | | Representing Staff | |
| Acknowledgement letter | | Processed by | |