



CHERRY WILLINGHAM 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, Cherry Willingham Primary Academy, Lime Grove, Cherry Willingham, Lincoln LN3 4BE.

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:

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Name of child who is the subject of the appeal:

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Gender: Male ☐ Female ☐ Date of birth:

School child currently attends:

If your child has been offered a place at an alternative school, please tell us below:

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Contact details of person appealing on behalf of the child:

Full name:

Relationship to child:

Address:

..... Postcode

Home phone number: Work phone number:

Mobile phone number:

Please note - If your telephone will not accept anonymous calls, we will not be able to contact you by telephone regarding this appeal.

Email address:

Child's postal address if different:

..... Postcode.....

If you are moving house, please give details of your new address below. If you are likely to change address between the date you send in your admission appeal form and the date you wish your child to start at the school, please read carefully the section in School Admission Appeals: A Guide for Parents and Carers headed Moving House.

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..... Postcode

Status of move: Tenancy agreement signed ☐ Exchanged contracts ☐

Moving in with partner or relatives ☐ Forces posting ☐ Other ☐

(Please provide evidence for any of the above, eg a copy of the exchange of contracts. This should be a photocopy)

Details of the move, including dates:

Other children living in the same household under 19 years of age:

<u>Name</u>	<u>Date of birth</u>	<u>Current schools</u>	<u>Have you</u> <u>appealed before?</u>
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.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have appealed for a Lincolnshire school before, please give details including dates:

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You are legally entitled to 10 school days' notice of the date of your appeal. Sometimes we can hear an appeal more promptly if you agree to give up or "waive" this right.

Do you waive your right to 10 school days notice? Yes ☐ No ☐

Have you received a letter refusing your child a place at this school? Yes ☐ No ☐

If yes, please attach a copy.

Or was this a verbal refusal? Yes ☐ No ☐

Will you be attending the appeal? Yes ☐ No ☐

Please indicate any dates when you are not available to attend. We will try to avoid these dates when arranging the appeal. However, appeals for the main Reception intake are planned in advance and cannot be changed.

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Name and address of person accompanying you:

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Their relationship to the child:

If not attending, will anyone represent you at the appeal?

Yes ☐ No ☐

Name, address and organisation (if applicable) of the person representing you:

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Do you require an interpreter; there will be no charge for this service?

Yes ☐ No ☐

If yes which language? Please state dialect if relevant

Do you require the services of a signer, there will be no charge for this service?

Yes ☐ No ☐

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 securely copies of any supporting documents, eg medical certificates. The panel can consider anything that you feel is relevant, but may be restricted by the infant class size regulations when they make their decision (see School Admission Appeals: A Guide for Parents and Carers)

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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:

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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.

Declaration, please tick:

☐ I declare that I am the parent of or have parental responsibility for the child who is the subject of this appeal.

Signed:

Date:

Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this school appeal. The information will be shared with Lincolnshire County Council's School Admissions Team and Lincolnshire County Council's Legal Services Team for the purposes of arranging your appeal only. Cherry Willingham Primary Academy will fulfil its requirements under the Data Protection Act in processing your data.