

GAINSBOROUGH ACADEMY

ADMISSION APPEAL FORM

If your child has an Education, Health and Care Plan you must contact the Special Educational Needs Team on 01522 553332.

Please complete this form and return to: admin@gainsboroughacademy.com or send a paper copy to: Gainsborough Academy Administration Office, Sweyn Lane, Gainsborough, DN21 1PB.

Appeals will be heard within 40 school days of the deadline for block appeals, or 30 school days 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 until the result is known

Once returned you will receive a written acknowledgement of this form within 5 working days. If you do not receive this please contact: admin@gainsboroughacademy.com

or contact The Administration Office on: 01427 612411

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:
Postcodo

Home phone number:						
Work phone number:						
Mobile phone number:						
(Please note - If your telep telephone regarding this ap		nonymous calls we will no	t be able to contact you by			
Email address:						
Child's 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.						
		Postcode				
Status of move:	Tenancy	agreement signed 🖵 E	xchanged contracts —			
Moving in with partner or re (Please provide evidence for be a photocopy)		Forces posting i. a copy of the exchange of	Other U			
Details of the move, including	ng dates:					
Other children living in the s	same household under	19 years of age:				
<u>Name</u>	Date of birth	<u>Current schools</u>	Have you appealed before			
			Yes 🔲 No 🔲			
			Yes 🔲 No 🔲			
			Yes 🔲 No 🔲			
If you have appealed for a Lincolnshire school before please give details including dates:						
You are legally entitled to ten 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 1	10 school days notice?	,	Yes 🔲 No 🔲			

Have you received a letter refusing your child a place at this school? If yes, please attach a copy.	Ye	s L	No	
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 a arranging the appeal. However appeals for Reception and Year 7 intake are pl cannot be changed.	anne	d in a	adva	nce and
Name and address of person accompanying you:				
Their relationship to the child:				
If not attending, will anyone represent you at the appeal?			No	
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				
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 ma	ade.		
Reason for appeal Please give the reasons why you want a place for your child at the school. F copies of any supporting documents e.g. medical certificates. The panel can you feel is relevant, but may be restricted by the infant class size regulations decision (see School Admission Appeals A Guide for Parents and Carers)	cons	ider a	anyth	ning that
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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:
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 the

Lincolnshire Council's School Admissions Team and Legal Services Team for the purposes of arranging your appeal only.

Gainsborough Academy will meet its requirements under the Data Protection Act in processing your data.