

CARRE'S GRAMMAR SCHOOL
SCHOOL ADMISSION APPEAL FORM

Before you complete this form we recommend that you read the information provided on the Lincolnshire County Council website, with links to further independent guidance from the Department for Education, ACE Education and Child Law Advice.

Please complete and return this form to Mrs Julie Body, PA to Executive Headteacher, at Carre's Grammar School. This form is only appropriate if your appeal is for Carre's Grammar School

Once returned you will receive a written acknowledgment of this form within five working days. If you do not receive this please contact Mrs Body.

If your child has a Statement of Special Educational Needs and you wish to appeal against the decision not to offer your child a school place, you must contact the Special Educational Needs Team on 01522 553332.

School you are appealing for: **Carre's Grammar School**

Name of child who is the subject of the appeal:

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:

Postcode:

Home 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 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 the Guide for Parents and Carers headed Moving House

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:

Name	Date of birth	Current school	Have you appealed before?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

If you have appealed for a Lincolnshire school before, please give details including dates:

Reasons 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 e.g. medical certificates. The panel can consider anything you feel is relevant.

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, the school or the School Appeals Team 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 appeal. The information will be shared with the School Admission Team and the Legal Services Team for the purposes of arranging your appeal only. The school and the County Council will meet its requirements under the Data Protection Act in processing your data.