# 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:
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Name	Date of birth	Current school	Have you ap	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 10 school days notice of the date your appeal is to be heard. Sometimes we can hear an appeal more promptly if you agree to 'waive' this right.

Do you waive your right to less than 10 school days notice if necessary?	Yes	No
Have you received a letter refusing your child a place at this school? If yes, please attach a copy.	Yes	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 avoid these dates when arranging the appeal. However, appeals for Year 7 intake are planned in advance and cannot be changed

If attending the hearing, will anyone accompany you?	Yes	No		
Name and address of person accompanying you:				
Their relationship to the shild.				
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 the services of 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? Yes No
There will be no charge for this service.

Please state if you have any mobility issues so that suitable arrangements can be made.

## **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.