

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 enquiries@stanilandacademy.net for the attention of Mrs Rachel Bailey.

If you wish to appeal for more than one school, or more than one child, we advise you to submit all appeals at the same time. You must complete a separate form for each child and school.

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 the admin office on 01205 365527.

Please use block letters and write in black ink or ballpoint pen.
Name of child who is the subject of the appeal:
Gender: Male
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:
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 address if different:			
		Postcode	
If you are moving house, pleas address between the date you s start at the school, please re Webiste.	send in your adm	ission appeal form and the	ne date you wish your child to
		Postcode	
Status of move:	Tenancy	agreement signed	Exchanged contracts
Moving in with partner or relative (Please provide evidence for an be a photocopy)			
Details of the move, including d	ates:		
Other children living in the same	e household unde	er 19 years of age:	
<u>Name</u> <u>Da</u>	te of birth	Current schools	Have you appealed before
			Yes 🗖 No 🗖
			Yes 🗖 No 🗖
			Yes 🔲 No 🔲
If you have appealed for a Linco	olnshire school be	efore please give details	including dates:
You are legally entitled to ten san appeal more promptly if you			peal. Sometimes we can hear
Do you waive your right to 10 se	chool days notice	?	Yes 🔲 No 🔲
Have you received a letter refus If yes, please attach a copy.	sing your child a p	place at this school?	Yes No No
Or was this a verbal refusal?			Yes No No
Will you be attending the appear	al?		Yes 🔲 No 🔲
Please indicate any dates when	n you are not ava	ilable to attend. We will t	try to avoid these dates when

arranging the appeal. However, appeals for Reception and Year 7 intake are planned in advance and cannot be changed.

Name and address of person accompanying you:
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:
Do you require an interpreter; there will be no charge for this service?
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 \square No \square
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 e.g. 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)

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? Please note if you state no we may contact you for further details.
Do you provide consent for us to contact this person? Yes No
Do you provide consent for us to contact this person? 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
Do you provide consent for us to contact this person? 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.
Do you provide consent for us to contact this person? 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:

Revised 09/2024