

For Official Use Only.

Date Received:

Appeal Number:

## School Admission Appeal Form

### Completing the Form

1. Please read the School Admission Appeals Guide before completing this form.
2. To enable legible photocopies to be produced for members of the Appeal Panel, please write clearly using a **black pen**.
3. This form may be added to in any section and any additional documentation that you may wish the Appeal Panel to consider should be attached securely to this form.
4. If you have any difficulty in completing this form, please contact the school directly for assistance.

### 1. Details of Child

Pupil's Surname:		Date of Birth:	Age:
Pupil's First Name:		Male/Female:	
Preferred School:		Year Group (to which the appeal relates)	
Allocated School (if applicable)		Present or Previous School (if applicable)	

### 2. Appellants' Details

Title:	First Name:	Surname:	Relationship to pupil:
Title:	First Name:	Surname:	Relationship to pupil:
Current Address:		Tel Home:	
		Tel Work:	
		Tel Mobile:	
Post Code:			
Email address:			
New Address (if applicable)		Expected Moving Date: (if known)	
		Telephone Number: (if known)	

**3. Grounds/Reasons For Submitting the Appeal.**

**I wish to appeal for a place for my child to be admitted:** (please tick the appropriate box)

**Now**

**September**

**Other** (please specify)

Please set out clearly the grounds for your appeal. We recommend you read the Appeal Guidance Notes first. If there are any documents to be provided in support of your appeal, such as a medical report. It is your responsibility to ensure that they are obtained and attached to this form (or sent at least seven days in advance of the Appeal Panel Hearing to the Academy Trust)

Please continue on separate sheets if necessary and ensure that all sheets are numbered.

**4. Attendance at the Hearing.**

Please tick as appropriate	Yes	No
(a) Do you wish to attend the appeal hearing?		
(b) Do you wish someone to represent you at the hearing?		
(c) Do you wish to call a witness to attend the appeal hearing?		
If you answered yes to (b) and/or (c), please give the name and occupation of your representative and/or witness and the capacity in which they are attending:		
(d) Do you require an interpreter or signer to be present at the hearing?		
(e) Please give details of any other matters which you think may affect the arrangements for the hearing:		

**NOTE:** If you do not intend to be present at the hearing or to be represented, the appeal will be considered on the basis of the information supplied on this form and any other accompanying information received by the Appeal Panel at least seven days prior to the hearing. Any material not submitted by this deadline may not be considered by the panel.

**5. I certify that the information given on this form is correct and that I have parental responsibility for the child named on the form.**

Signature(s):

Date:

Please return the form to: **St Martin’s Academy**  
**91 Hoole Road**  
**Chester**  
**CH2 3NG**  
 Tel: 01244 981254  
 Email: [admin@stmartinsacadmeychester.co.uk](mailto:admin@stmartinsacadmeychester.co.uk)

The receipt of your form will be acknowledged in writing as soon as possible. If you do not receive acknowledgement of receipt of this form within one working week (not including school holidays) please contact the school directly to check it has been received.

**CHECKLIST:**

Before submitting your appeal form, please ensure you have:

- Completed all relevant sections of the form
- Attached any other relevant information
- Attached a copy of the letter refusing a place at the school you are appealing for or telling you which school you have been allocated.

Please indicate the number of additional sheets you have attached to this form .....

St Martin’s Academy Trust is a Data Controller under the Data Protection Act 1998 (‘the Act’). This statement confirms our commitment to protect your privacy and to process your personal information in a manner which meets the requirement of the Act.