Appendix 3 – Admission Appeals Form

To be posted to

Admissions appeals, Academy Transformation Trust, Unit 4, Emmanuel Court, Reddicroft, Sutton Coldfield, B73 6AZ

or e-mailed to <a>appeals@academytransformation.co.uk.

Admission Appeals

On receiving an admission appeal ATT will commission an independent panel to hear the appeal who are all both independent of the academy and the Trust. If this is not possible the local authority will be contacted to arrange an appeal.

Name of Academy appeal relates to:

Section 1: Child's Details

Forename (s):

Surname:

Address:

Date of Birth and Year Group:

Gender: Male □ Female □

Section 2: Your Details

Title: (Mr, Mrs, Miss, Ms or other)
Surname:
Forename (s):
Relationship to Child:

Address:

E-mail Address: Telephone Number: Mobile Number:

Do you need an interpreter? Yes \Box No \Box If yes which language?

Please let us know if you have a disability or special need which would affect your ability to attend the meeting:

Section 3: Oversubscription Criteria

1.	Has your child a statement of Special Educational Needs or an Education, Health and	
	Care Plan?Yes 🗌	No 🗆

- 2. If yes to the above: Is this academy listed on your child's plan? Yes \Box No \Box
- 3. Is your child a looked after child or previously looked after child? Yes \Box No \Box
- 4. Is your child classed as IAPLAC (Internationally Adopted Pervious Looked After Child? Yes □ No □
- 5. Is another child registered at the same address in attendance at the academy? Yes □ No □
 - a) If yes to the above: child's name:

If you have selected yes to questions 1, 2, 3 or 4 please provide evidence with your application.

Section 4: Reason for the appeal

Please provide as much detail as possible and include any evidence in support of your appeal with this form.