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| **Admission Appeal** | | | | |
| This form should be completed by an adult with parental responsibility for the child. **By submitting this information and returning it via email you agree that all information enclosed is true, accurate and complete**. This form will be included in the information pack for the Appeal Hearing.  Please save and return to admissions@diamondlearningtrust.com  (for postal returns: Admissions Team, Winhills Primary Academy, Off Duck Lane, St.Neots, Cambs. PE19 2DX) | | | | |
|  | |  |  |  |
| First and Middle Name(s) |  | Last Name | |  |
|  |  |  |  |  |
| Date of birth (dd/mm/yyyy) |  | Gender | |  |
|  |  |  |  |  |
| Address where child usually lives: | |  |  |  |
|  | House Name/No. and Road |  | | |
|  | Town /Village |  | | |
|  | County |  | | |
|  |  |  | Postcode |  |
|  |  |  |  |  |
| If your child lives part time at another address, | |  | | |
| please provide details: |  |  | | |
|  |  |  | | |
|  |  |  | Postcode |  |
|  |  |  |  |  |
| How is your child's time divided between the two addresses? | |  |  |  |
|  | | | | |
|  |  |  |  |  |
| Current /Last School: |  |  |  | Current Year Group: |
| (if applicable) |  |  |  |  |
|  |  |  |  |  |
| Does your child have an Education, Health and Care Plan? | |  |  |  |
|  | | | | |

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| **2. Your Details** |  |  |  |  |
|  |  |  |  |  |
| Title: |  | Last Name | |  |
|  |  |  |  |  |
| Initials: |  |  | |  |
| Relationship to child: |  |  |  |  |
| Address (if different from above) | |  | | |
|  |  |  | | |
|  |  |  | | |
|  | Postcode |  |  |  |
|  |  |  |  |  |
| Tel No. (Home) |  | Mobile |  |  |
|  |  |  |  |  |
| Email address |  | | |  |
|  |  |  |  |  |
| **3. Other Adult(s) with Parental Responsibility** | |  |  |  |
|  |  |  |  |  |
| Title: |  | Last Name | |  |
|  |  |  |  |  |
| Initials: |  |  | |  |
| Relationship to child: |  |  |  |  |
| Address (if different from above) | |  | | |
|  |  |  | | |
|  |  |  | | |
|  | Postcode |  |  |  |
|  |  |  |  |  |
| Tel No. (Home) |  | Mobile | |  |
|  |  |  |  |  |
| Email address |  | | |  |
|  |  |  |  |  |
| **4. School Place Offered** |  |  |  |  |
|  |  |  |  |  |
| Which school has your child been offered? | |  |  | |
|  |  |  |  |  |
| If you have selected **other** please state school name and County: | |  |  | |
|  |  |  |  |  |
| Have you visited or contacted the **offered** school and discussed with the Headteacher what it is they have to offer | | | |  |
|  |
|  |  |  |  |  |
| **5. Documentation/Additional Information** | |  |  |  |
| If you would like the Appeal Panel to see any documents in respect of your appeal, please enclose copies of these or send separately to the address at the top of this form. **NOTE:** If you have stated any reasons of a medical, social or welfare nature, please attach professional evidence where appropriate, e.g. a letter from a doctor. Please also complete the 'reasons for appealing' box below. | | | | |
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| **Reasons for Appealing** | | | | |
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