## THE PRIORY RUSKIN ACADEMY NOTICE OF SCHOOL ADMISSION APPEAL

IMPORTANT - If your child has an Educational Health Care Plan and you wish to appeal against the decision not to offer him/her a place at your preferred school, it is <u>not</u> appropriate for you to complete this form. Your appeal will be heard by a Special Educational Needs and Disability Tribunal and you should contact your child's named officer in the Special Educational Needs Services Group as soon as possible.

This form is for you to complete if you wish to appeal against a decision not to offer your child a place at The Priory Ruskin Academy. Once you have completed this form please return it to **Admissions at The Priory Ruskin Academy, Rushcliffe Road, Grantham, Lincolnshire, NG31 8ED.** On receipt of the form we will register your request for an appeal and return a copy of the form back to you for your information and reference for your hearing. Please refer to the enclosed "A Guide for Parents and Carers" when completing this form. Please note – if your appeal is for more than one child, a separate form will need to be completed for each child.

Please use block letters and write in black ink or ballpoint pen as this form will need to be photocopied.

a)	Appeal against the decision not to offer a place at The Priory Ruskin Academy:				
b)	Name of child who is the subject of the appeal:				
If your	appeal is for more than one child, a separate form will need to be completed for each child.				
c)	Gender: Male Female				
d)	Date of birth:Year Group you are applying for				
e)	School child presently attending:				
f)	If your child has been offered a place at an alternative school, please state below:				
g)	Full name (including title) and address of person(s) appealing on behalf of the child:				
•••••					
Postco	de:				
h)	Child's full postal address if different from that given at g)				
•••••					
	Postcode				

i)	If you are moving house, pleas likely to change address betwee you wish your child to start at Booklet "Change of Address".	een the date you ser the school, please r	nd in your Not ead carefully t	tice of	Appeal ction in	and the	date lance
••••••		••••••	Postco	de	••••••	••••••	
Propos	ed moving date (if known)			••••••	•••••	•••••	•••
j)	Other children in the family (under the age of 19):						
<u>Name</u>		Date of birth	Present Scho	<u>ol</u>			
		•••••	•••••		•••••		
				•••••		••••••	
k)	Have you received a letter refu (if you have, please attach).	sing your child a plac		'es		No	
I)	It is in your best interests to att indicate if you are able / unable			Can Atter	□ nd	Cannot Attend	
m)	If attending the hearing, will an	yone come with you	?	Yes		No	
n)	Name and address of your frier	nd, supporter or repr	esentative:				
Your fri	iend, supporter or representativ	e's relationship to ch	nild (e.g. teach	er, far	nily, priv	ate tuto	r
etc):				•••••		•••••	•••••
o)	Do you require the services of a	an interpreter at the	appeal? If so	which	languag	e do you	
require	?		•••••				•••••
p)	Do you require the services of a	a signer at the appea	l?				•••
q)	Please state if you have any mo	obility issues so that	suitable arran	gemer	nts can b	e made	at
the app	peal venue			•••••			
r)	You are legally entitled to 10 so you agree to less than 10 school		•		eal is to b		

s)	Please indicate if you have had an appeal before for this or any any Lincolnshire school. If so please give details.		other child, for a place at				
	,	Yes		No			
The re	asons for my/our appeal are:						
relate:	e give the reasons why you want a place for your child at the so, including medical, geographical, religious and/or any other really attach copies of any supporting documents e.g. medical certification for Parents and Carers on Supporting Evidence).	levant	inforn	nation.	Please		
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	Please co	ntinue	and/c	or sign ov	 verleaf		

* Please continue on a separate sheet if necessary and securely attach to this form
Declaration, please tick:
I declare the information contained in this Notice of Appeal is correct as at the date of writing, to the best of my knowledge.
I declare I have parental responsibility for the child who is the subject of this appeal. (If there is any doubt, please contact the School Appeals Team)
Please give details of any other person who has parental responsibility for the child:
☐ I declare I have received, read and understood the Guide for Parents and Carers.
Signed: Date:
Relationship to child:
Email Address:
Daytime Telephone number:

If you have any concerns regarding the appeal process or wish to clarify any points, then please do not hesitate to contact the school.