

**Our Ref:**

**Sandbach School**

**ADMISSIONS APPEAL FORM**

**Please complete this form in black ink**. If you are appealing for **more than one child** or for more than one school please complete a separate form for each child and each appeal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR GROUP FOR WHICH YOU WISH TO APPEAL FOR A PLACE:** | | |  | |
| **SURNAME** | |  | | |
| **FORENAME** | |  | | |
| **DOB** | |  | | |
| **MALE/FEMALE** | |  | | |
| **School Currently attending/last school attended** | |  | | |
| **Date child left (if applicable)** | |  | | |
|  | | | **Yes 🗸** | **No X** |
| Is the child ‘Looked After’ by a Local Authority (*in public care*)? | | |  |  |
| If Yes, please state which Local Authority and provide a contact number | | |  |  |
| **Contact Number for Local Authority** | | |  |  |
| Does your child have a **Statement** of Special Educational Needs? | | |  |  |
| Is your child **permanently excluded** from school? | | |  |  |
| **Appellant’s names: (parent, guardian or carer)** | | |  | |
| Relationship of appellant to child (please specify – parent/guardian/carer/other) | | |  | |
| Do you intend to be present at the appeal hearing? | | |  | |
| Have you any special requirements, ie wheelchair access/hearing problems? | | |  | |
| **If ‘yes’ please give details overleaf** | | |  | |
| **Current Address** | | | **Address in Cheshire to which you are moving:** | |
|  | | |  | |
| Post Code: | | | Post Code: | |
| Email address | | | Email address: | |
|  | | | Date of Moving: | |
| Home telephone contact number: |  | | | |
| Mobile telephone contact number: |  | | | |

**For office use only**:

|  |  |
| --- | --- |
| Date Received |  |
| Confirm PAN reached |  |
| Logged on system |  |
| Acknowledgement sent |  |
| Child’s Catchment School |  |
| Presenting Officer |  |
| Passed to legal |  |
| Processed by |  |

Do you have any other school aged children?

If so indicate below their names, ages and schools they attend.

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Name of Child’s present school** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please state your reasons for seeking a place at this school (e.g. moving into area/domestic arrangements etc). If you are stating medical, psychological or social reasons **PLEASE ENSURE THAT PROFESSIONAL EVIDENCE IS ATTACHED**, e.g. a letter from a doctor stating the **medical reasons which require your child to attend this particular school**. You may also attach a separate a statement if you so wish in support of your appeal.

Any other specific needs (give details):

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I wish to appeal against the decision of the School not to allocate a place for my child.

**Signed:** ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to**:

Clerk to Appeals Panel

Sandbach School

Crewe Road

Sandbach

CW11 3NS

[mhayes@sandbachschool.org](mailto:mhayes@sandbachschool.org)