## Appeal Form for Mid-Year admissions to

## Blue Coat CE (VA) Infant and Junior Schools’ Federation

**Tell us which school you want your child to attend:**

Choose an item.

**Tell us what Year group your child is in:**

Choose an item.

# About you

First Parent’s/ Guardian’s Name:

Full Postal Address:

(including Postcode)

Daytime Telephone Number (s):

Email Address:

Relationship to Child(ren):

# About your child

Child’s Legal Surname: Date of Birth:

Child’s Legal First Name: Gender:

What is their current school?

Does this child have an Education, Health and Care Plan?

Yes / No

Does your child have a disability as defined by the Equality Act 2010? (optional)\*\*

\*\**It will not affect your appeal if you choose not to answer this question. We use this information to help us monitor the impact of our services.*

 I do not want to answer this question Yes No

# Siblings

A sibling is a brother or sister—someone who shares one or both parents with you. It can refer to:

**Full siblings**: Share both biological parents

**Half siblings**: Share only one biological parent

**Step-siblings**: Connected through marriage, not biology

**Adopted siblings**: Legally part of the family, regardless of genetics

Does your child have any siblings who already attend the one of our schools your appealing to?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Yes |  |  | No |  |

If yes tell us their names(s), date(s) of birth and year group(s)

|  |  |  |
| --- | --- | --- |
| 1) | Name |  |
|  |  |  |  |  |
|  | Date of Birth |  | Year Group | Choose an item. |

|  |  |  |
| --- | --- | --- |
| 2) | Name |  |
|  |  |  |  |  |
|  | Date of Birth |  | Year Group | Choose an item. |

|  |  |  |
| --- | --- | --- |
| 3) | Name |  |
|  |  |  |  |  |
|  | Date of Birth |  | Year Group | Choose an item. |

|  |  |  |
| --- | --- | --- |
| 4) | Name |  |
|  |  |  |  |  |
|  | Date of Birth |  | Year Group | Choose an item. |

**Does your child have any siblings that go to any other schools?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If yes, tell us their names(s), date(s) of birth and year group(s) and which schools they go to

|  |  |  |
| --- | --- | --- |
| 1) | Name |  |
|  |  |  |  |  |
|  | Date of Birth |  | Year Group | Choose an item. |
|  |  |  |  |  |
|  | School |  |

|  |  |  |
| --- | --- | --- |
| 2) | Name |  |
|  |  |  |  |  |
|  | Date of Birth |  | Year Group | Choose an item. |
|  |  |  |  |  |
|  | School |  |

|  |  |  |
| --- | --- | --- |
| 3) | Name |  |
|  |  |  |  |  |
|  | Date of Birth |  | Year Group | Choose an item. |
|  |  |  |  |  |
|  | School |  |

|  |  |  |
| --- | --- | --- |
| 3) | Name |  |
|  |  |  |  |  |
|  | Date of Birth |  | Year Group | Choose an item. |
|  |  |  |  |  |
|  | School |  |

# Ground of Appeal

**Set out the reason for your appeal**

|  |
| --- |
|  |

**Supporting Evidence**

If you have any reports or letters from professional that you wish to be put before the panel in support of your appeal, you can include them with your submission.

You should attach copies to your email when you send this form back to the appeals team. We accept scans and photographs of original documents.

|  |
| --- |
| **List your evidence below: (optional)** |

# The Appeal

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you want to attend the appeal in person?** | Yes |  |  No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If yes, do you need an interpreter? | Yes |  |  No |  |

|  |  |
| --- | --- |
| If yes, what language?  |  |

|  |
| --- |
| **Do you need 10 school days’ notice of the appeals hearing date?\*\*\***\*\*\*If you answer no, you confirm that you waive your right to 10 schools days’ |
| Yes |  |  No |  |

**Are you attending the appeal in person and intend to be represented or to call witnesses?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

If yes, tell us the names of the representative and witnesses\*\*\*\*

\*\*\*\* Under the school Admission Appeal code, the following people are excluded:

The executive headteacher

Employees of the school or local authority

Anyone with a conflict of interest

|  |  |
| --- | --- |
| Name of your representative: |  |
|  |  |
| Name of your witness (1) |  |
|  |  |
| Name of your witness (2) |  |
|  |  |
| Name of your witness (3) |  |