



## ADMISSIONS APPEAL FORM

All information provided will be treated as confidential. However, the contents of the form will be photocopied for use by members of the Appeals Panel

Please complete in BLOCK CAPITALS using black ink.

### Child's Detail

Surname ..... Forename.....

Gender ..... Date of Birth .....

Principle address .....

School currently attended (if applicable) .....

Date child left (if applicable) .....

Is the child 'Cared For' by a Local Authority (*in public care*)? YES/NO

Does your child have a Statement of Special Educational Needs? YES/NO

Is your child permanently excluded from school? YES/NO

### Appellant's Details (parent, guardian or carer)

Name .....

Relationship of appellant to child (please specify - parent/guardian/carer/other)  
.....

Do you intend to be present at the appeal hearing? YES/NO

Have you any special requirements i.e. wheelchair access/hearing problems? YES/NO

Address .....

Tel: ..... Mob: ..... Email: .....

Do you have any other school aged children? If so indicate their names, ages and schools they attend.

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 SENT TO THE ADMISSION CLERK e.g. a letter from a doctor or professional stating the medical or social reasons which require your child to attend this particular school.

Any other specific needs (give details):

*Continue on a separate sheet if necessary*

Please return the completed form to the Admissions Appeals Clerk, Steiner Academy Hereford, Much Dewchurch, Hereford, HR2 8DL. The appeal will be heard within 40 school days of receiving the appeal form. The Clerk to the Appeal Panel will send you a notice of the hearing together with a copy of the Academy's response. At that stage you will be asked whether you wish to attend the hearing. You will be given at least 10 school days notice of the date of an appeal hearing. If you are prepared to waive the normal period of notice, it **may** be possible to arrange an early appeal.

**I wish to waive the 10 days notice**

Signed:

Date:

**I wish to appeal against the decision not to allocate a place for my child at the Steiner Academy Hereford.**

Signed:

Date: