**ST SEBASTIAN'S CE PRIMARY SCHOOL**
**ADMISSION APPEAL FORM**

If your child has an Education, Health and Care Plan you must contact the Special Educational Needs Team on 01522 553332.

Please complete this form and return to the **Appeals Panel, St Sebastian's CE Primary School, High Street, Great Gonerby, GRANTHAM NG31 8LB**

Appeals will be heard within 40 school days of the deadline for block appeals, or 30 school days for in year appeals. Please inform the school your child has been allocated if you have a pending appeal and you do not wish to start until the result is known

Once returned you will receive a written acknowledgement of this form within 5 working days. If you do not receive this please contact the School Office on 01476 565896

**Please use block letters and write in black ink or ballpoint pen**.

School you are appealing for:

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Name of child who is the subject of the appeal**:**

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Gender: Male ❑ Female ❑ Date of birth: .....

School child currently attends: .....

If your child has been offered a place at an alternative school, please tell us below:

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Contact details of person appealing on behalf of the child:

Full name:.....

Relationship to child: .....

Address:.....

.....Postcode.....

Home phone number:.....

Work phone number:.....

Mobile phone number:.... .....
Please note - If your telephone will not accept anonymous calls we will not be able to contact you by telephone regarding this appeal.

Email address:.....

Child's address if different:
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.....Postcode.....

If you are moving house, please give details of your new address below. If you are likely to change address between the date you send in your admission appeal form and the date you wish your child to start at the school, please read carefully the section 'home address and changing address in the Parent Carer guide or on LCC'S website: Appeal a school place decision – Before you appeal - Lincolnshire County Council

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..... Postcode .....

Status of move: Tenancy agreement signed ❑ Exchanged contracts ❑

Moving in with partner or relatives ❑ Forces posting ❑ Other ❑

(Please provide evidence for any of the above e.g. a copy of the exchange of contracts. This should be a photocopy)

Details of the move, including dates:.....

Other children living in the same household under 19 years of age:

| **Name** | **Date of birth** | **Current schools** | **Have you appealed before** |
|---|---|---|---|
| ..... | ..... | ..... | Yes ❑ No ❑ |
| ..... | ..... | ..... | Yes ❑ No ❑ |
| ..... | ..... | ..... | Yes ❑ No ❑ |

If you have appealed for a Lincolnshire school before please give details including dates:

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You are legally entitled to ten school days notice of the date of your appeal. Sometimes we can hear an appeal more promptly if you agree to give up or "waive" this right.

Do you waive your right to 10 school days notice? Yes ❑ No ❑

Have you received a letter refusing your child a place at this school? Yes ❑ No ❑

If yes, please attach a copy.

Or was this a verbal refusal? Yes ❑ No ❑

Will you be attending the appeal? Yes ❑ No ❑

Please indicate any dates when you are not available to attend. We will try to avoid these dates when arranging the appeal. However appeals for Reception and Year 7 intake are planned in advance and cannot be changed.

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Name and address of person accompanying you:

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Their relationship to the child:.....

If not attending, will anyone represent you at the appeal? Yes ❑ No ❑

Name, address and organisation (if applicable) of the person representing you:

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Do you require an interpreter; there will be no charge for this service? Yes ❑ No ❑

If yes which language? Please state dialect if relevant .....

Do you require the services of a signer, there will be no charge for this service? Yes ❑ No ❑

Please state if you have any mobility issues so that suitable arrangements can be made.

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**Reason for appeal**

Please give the reasons why you want a place for your child at the school. Please attach securely, copies of any supporting documents e.g. medical certificates. The panel can consider anything that you feel is relevant, but may be restricted by the infant class size regulations when they make their decision (see Appeal a school place decision – How to appeal - Lincolnshire County Council)

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Please continue on a separate sheet if necessary and securely attach to this form. Any supporting information should be photocopies of the original where possible.

Please give contact details of any other person who has parental responsibility for the child. Please give full name, address, telephone number and relationship to the child:

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Do you provide consent for us to contact this person? Yes ❑ No ❑

Please note if you state no we may contact you for further details.

**Declaration, please tick:**

❑ I declare that I am the parent of or have parental responsibility for the child who is the subject of this appeal.

Signed: .....

Date: .....

Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this school appeal. The information will be shared with schools, the School Admissions Team and the Legal Services Team for the purposes of arranging your appeal only. The County Council will meet its requirements under the Data Protection Act in processing your data.