**THE TRUE LEARNING PARTNERSHIP**

**Admissions Appeals Form**

**If you are appealing for more than one child please complete a separate form for each child and each appeal.**

|  |  |  |
| --- | --- | --- |
| **School:** | | **Year Group:** |
| Child details | Surname: Forename: | |
| DOB: | Male/ Female (please delete as appropriate) |
| School currently attending/ last school attended:  Date child left (if applicable): | | |

|  |  |  |
| --- | --- | --- |
|  | **Yes🗸** | **No🗸** |
| Is the child ‘Cared for’ by a Local Authority (in public care)?  If yes, please state which Local Authority and provide a contact number: |  |  |
| Does your child have a statement of Special Educational Needs? |  |  |
| Is your child permanently excluded from school? |  |  |

|  |  |
| --- | --- |
| Appellant’s names: (parents, guardian or carer) Mr/Mrs/Miss/Ms/Dr (please delete as appropriate) | |
| Relationship of appellant to child: (please specify parent/ guardian/ carer/ other) | |
| Do you intend to be present at the appeal hearing: Yes/ No (please delete as appropriate) | |
| Have you any special requirements i.e wheelchair access/ hearing problems? Yes/ No (please delete as appropriate)  If yes please give details overleaf. | |
| Current address:  Post code | Address in Cheshire East to which you are moving: (if applicable)  Post code |
| E mail address: | Date of moving: |
| Telephone contact numbers: | |

***For office use only***

|  |  |  |  |
| --- | --- | --- | --- |
| Date received |  | Child’s catchment school |  |
| Confirm PAN reached |  | Presenting Officer |  |
| Logged on system |  | Passed to legal |  |
| Acknowledged |  | Processed by |  |

Do you have any other school aged children? If so, please indicate 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 the 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 or professional stating the medical or social reasons which require your child to attend this particular school.

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(continue on separate sheet if necessary)

Any other specific needs (give details):

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I wish to appeal against the decision of the Governing Board of Poynton High School not to allocate a place for my child at this school named overleaf.

Signed:……………………………………………………………………………………… Date: …………………………………………….

**Please return this form to Poynton High School**

Notes for parents:

**APPEAL AGAINST ADMISSION DECISION – SECONDARY SCHOOL TRANSFER AND IN-YEAR ADMISSIONS**

If your child has been refused a place at the school of your choice, or you are unhappy with the school allocated to your child, you have the right to appeal against the decision to the Independent Appeals Panel in accordance with the School Admission Appeals Code of Practice. You may appeal to an Independent Appeal Panel, whose members will include people who have an experience in education, and are acquainted with education conditions in Cheshire.

After completion, please return the form to:

Poynton High School

Yew Tree Lane

Poynton

SK12 1PU

All appeals should be returned to the above address within 21 days of completion.

In the case of Poynton High School, the School will administer all appeal arrangements. All appeals should be returned directly to Poynton High School.

In coming to their decisions, appeal panels have to take into account:

1. The wishes of the parent/ carer
2. The arrangements for admissions published by the Governors, including the number of children to be admitted, the criteria for admissions and the arrangements for admitting students in the event of there being more applicants than places (oversubscription criteria).

If you have any professional documentation such as Doctors/ Consultants/ Social Worker letters to support your reasons for choosing Poynton High School, you should include these with the form or send them prior to the Appeal Hearing.