



**APPEALS FOR ADMISSION
TO BLOXWICH ACADEMY**

YEAR* **7** **8** **9** **10** **11**

** please circle as appropriate*

Please complete your child's personal details

1. First Name of Child _____ Last Name of Child _____
Boy or Girl _____ Date of Birth _____
Current Home Address _____

_____ Post Code _____
Present School _____

Please Complete the below as appropriate

2. Parent/Carer Name (Print clearly): _____
Mobile Contact: _____
Email Address: _____
Signature: _____
Date: _____

3. Grounds of Appeal

Please set out the reasons for your appeal. Use an additional sheet if necessary and attach it securely to this form.

Have you attached an additional sheet?

YES

NO

4. **Has your child got an Education, Health & Care Plan (EHCP)?**

YES ☐

NO ☐

5. **Do you wish to attend the appeal in person? Please tick box**

YES ☐

NO ☐

6. **If you are attending the appeal in person and intend to be represented or to call witnesses please state below the name of your representative(s) and/or witnesses**

Name of Representative

Title Mr/
Mrs/Miss

Forename

Surname

Name of Witness

Title Mr/
Mrs/Miss

Forename

Surname

7. **Do you require 10 days' notice of the appeal hearing date?(Please delete as appropriate)**

YES

NO - I confirm that I waive my right to 10 days' notice of the appeal hearing date

8.

Have you attached any reports or letters from professionals that you wish to be put before the Panel in support of your appeal? If so, please list them below and attach them securely to this form.

E.g. Letter from Consultant/GP etc.

You may submit additional information any time up to the hearing but please note if you do provide anything new too close to the hearing dates, which the panel think may be significant, the panel may need to adjourn to allow all parties the opportunity to consider it.

DATA PROTECTION STATEMENT

The information collected on this form will be used by the independent appeals panel in support of your appeal. The form will be circulated to members of the independent appeals panel prior to the appeal meeting.
This information will be retained for 2 years.

Return this form to:

**Clerk to the Appeal Panel, Bloxwich Academy, Leamore Lane,
Bloxwich, Walsall, WS2 7NR.**