

**THE PRIORY RUSKIN ACADEMY**  
**NOTICE OF SCHOOL ADMISSION APPEAL**

**IMPORTANT - If your child has an Educational Health Care Plan and you wish to appeal against the decision not to offer him/her a place at your preferred school, it is not appropriate for you to complete this form. Your appeal will be heard by a Special Educational Needs and Disability Tribunal and you should contact your child's named officer in the Special Educational Needs Services Group as soon as possible.**

This form is for you to complete if you wish to appeal against a decision not to offer your child a place at The Priory Ruskin Academy. Once you have completed this form please return it to **Admissions at The Priory Ruskin Academy, Rushcliffe Road, Grantham, Lincolnshire, NG31 8ED**. On receipt of the form we will register your request for an appeal and return a copy of the form back to you for your information and reference for your hearing. Please refer to the enclosed "A Guide for Parents and Carers" when completing this form. Please note – if your appeal is for more than one child, a separate form will need to be completed for each child. Appeals will be heard within 40 school days of the deadline for Year 7 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 know.

**Please use block letters and write in black ink or ballpoint pen as this form will need to be photocopied.**

- a) Appeal against the decision not to offer a place at The Priory Ruskin Academy:
- b) Name of child who is the subject of the appeal:

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**If your appeal is for more than one child, a separate form will need to be completed for each child.**

- c) Gender:                      Male        Female
- d) Date of birth: .....Year Group you are applying for.....
- e) School child presently attending: .....
- f) If your child has been offered a place at an alternative school, please state below:

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- g) Full name (including title) and address of person(s) appealing on behalf of the child:

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Postcode:.....

- h) Child's full postal address if different from that given at g)

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.....Postcode.....

i) **If you are moving house, please give details of new address below. Important** - if you are likely to change address between the date you send in your Notice of Appeal and the date you wish your child to start at the school, please read carefully the section in the Guidance Booklet "Change of Address".

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..... Postcode .....

Proposed moving date (if known) .....

j) Other children in the family (under the age of 19):

<u>Name</u>	<u>Date of birth</u>	<u>Present School</u>
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k) Have you received a letter refusing your child a place? (if you have, please attach). Yes  No

l) It is in your best interests to attend the appeal. Please indicate if you are able / unable to attend the appeal. Can Attend  Cannot Attend

m) If attending the hearing, will anyone come with you? Yes  No

n) Name and address of your friend, supporter or representative:

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Your friend, supporter or representative's relationship to child (e.g. teacher, family, private tutor etc): .....

o) Do you require the services of an interpreter at the appeal? If so which language do you require? .....

p) Do you require the services of a signer at the appeal?.....

q) Please state if you have any mobility issues so that suitable arrangements can be made at the appeal venue .....**N/A Appeals currently take place via video link**.....

r) You are legally entitled to 10 school days' notice of the date your appeal is to be heard. Do you agree to less than 10 school days' notice if necessary? Yes  No



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**\* Please continue on a separate sheet if necessary and securely attach to this form**

**Declaration, please tick:**

- I declare the information contained in this Notice of Appeal is correct as at the date of writing, to the best of my knowledge.**
- I declare I have parental responsibility for the child who is the subject of this appeal.** (If there is any doubt, please contact the School Appeals Team)

**Please give details of any other person who has parental responsibility for the child:**

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- I declare I have received, read and understood the Guide for Parents and Carers.**

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

Relationship to child: .....

Email ..... Address:

.....

Daytime Telephone number: ..... Mobile: .....  
(including STD code)

**If you have any concerns regarding the appeal process or wish to clarify any points, then please do not hesitate to contact the school.**