

SKEGNESS GRAMMAR SCHOOL

If your child has a Statement of Special Educational Needs and you wish to appeal against the decision not to offer your child a school place, you must contact the Special Educational Needs Team on 01522 553332. This form is only appropriate if your appeal is Skegness Grammar School.

You have been sent two copies of this form: one is for you to complete and return to **Skegness Grammar School, Vernon Road, SKEGNESS, Lincolnshire, PE25 2QS**; the other copy is for you to complete and keep. Please refer to the enclosed School Admission Appeals – A Guide for Parents and Carers when completing this form. If you have any queries or require further copies of this form or the Guide for Parents and Carers, please do not hesitate to contact Miss Diana Clarke, PA to Principal, Skegness Grammar School, Tel: 01754 610000.

Please return this form to Skegness Grammar School no later than midday on 19 March 2021.

Once returned you will receive written acknowledgement of this form. If you do not receive this please contact Diana Clarke by email dclarke1@skegnessgrammar.co.uk.

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 in the Guide for Parents and Carers headed Moving House.

.....
..... 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:.....

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

| <u>Name</u> | <u>Date of birth</u> | <u>Current schools</u> | <u>Have you appealed before?</u> |
|-------------|----------------------|------------------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please give details including dates of any previous appeals:

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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

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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If attending the hearing, will anyone accompany you?

Yes No

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 the services of an interpreter? This will be provided free of charge if required.

Yes No

If yes which language? Please state dialect if relevant

Do you require the services of a signer? This will be provided free of charge if required.

Yes No

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

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Reasons for appeal

Please give the reasons why you want a place for your child at the school to which this appeal relates, including medical, geographical, religious and any other relevant information. Please attach securely, copies of any supporting documents e.g. medical certificates. See the section in the Guide for Parents and Carers on sending in your appeal.

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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 read the section in the Guide for Parents and Carers headed Parental Responsibility. (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 the School Appeals Team may contact you for further details.

Declaration, please tick:

- I declare that I am the parent of the child who is the subject of this appeal. Please read the section in the Guide for Parents and Carers headed Definition of a parent for further information.
- I declare that the information contained in this Appeal Form is correct as at the date of writing, to the best of my knowledge.
- I declare that I have received, read and understood the Guide for Parents and Carers.

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 appeal. The information will be shared with schools, the School Admission 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.