



**THE PRIORY ACADEMY LSST
NOTICE OF ADMISSION APPEAL**

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

This form should be completed if you wish to appeal against a decision where your child has been refused a place at The Priory Academy LSST. Before sending this form, please retain a copy, along with copies of all supporting documentation you intend to submit. Once completed, please return by hand or recorded delivery to: The Admissions Administrator, The Priory Academy LSST, Cross O' Cliff Hill, Lincoln LN5 8PW. Once received, your request for an appeal hearing will be registered. Refer to the enclosed 'A Guide for Parents and Carers' when completing this form and/or contact The Priory Academy LSST should you require any assistance. Please contact the Academy if you require copies of any documentation (tel: 01522 889977).

PLEASE USE BLOCK LETTERS AND WRITE IN BLACK INK AS THIS FORM WILL BE PHOTOCOPIED. THE CLERK TO THE APPEALS AND MEMBERS OF THE APPEALS PANEL WILL RECEIVE COPIES; THEREFORE, PLEASE DO NOT INCLUDE ANY PROJECT/FILING WALLETS, USB STICKS, ORIGINAL CERTIFICATES OR ORIGINAL SAMPLES OF WORK ETC. PLEASE KEEP SUPPORTING DOCUMENTATION TO A MAXIMUM OF 20 PAGES AND A4 SIZE ONLY.

a) Appeal against the decision not to offer a place at The Priory Academy LSST to:

Full name of child who is the subject of the appeal: _____

If you are appealing for a place for more than one child, a separate form will be required for each child.

b) Gender: Male ☐ Female ☐

c) Date of birth: ____/____/____ Year Group to which you are applying ____

d) School/Academy your child currently attends: _____

e) If your child has been offered a place at an alternative school/academy, please state which:

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

Name Date of birth Current School/Academy

_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

g) Have you received a letter from The Priory Academy LSST refusing your child a place? (If you have, please attach). Yes ☐ No ☐

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

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

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

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

k) Do you require the services of an interpreter at the appeal? Yes ☐ No ☐
If so, which language do you require?

l) Do you require the services of a signer at the appeal? Yes ☐ No ☐

m) 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 ☐

n) Please indicate if an appeal has previously been heard for this child, or any of your other children, for a place at any Lincolnshire school.

Yes ☐ No ☐

If so, please provide details:



LSST

o) The hearing will take place remotely. Are you able to access video/telephone facilities to enable you to access to the hearing? Yes ☐ No ☐

Please provide the reason(s) for this appeal and why you wish your child to attend The Priory Academy LSST. Such reasons may include: medical; geographical; religious; or any other relevant information. Please securely attach copies of any supporting documentation, eg medical certificates. Refer to the section in the 'Guide for Parents and Carers' on Supporting Evidence.

The reason(s) for my/our appeal are:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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

Declaration, please tick:

☐

I declare that the information contained in this Notice of Appeal is correct as at the date of writing, to the best of my knowledge.

☐

I declare that 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)

Name of Parent/Guardian:

Relationship to child:

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

☐

I declare that I have received, read and understood 'A Guide for Parents and Carers'

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.

FOR OFFICE USE ONLY – APPEAL RECEIVED: _____

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

Postcode: _____

Child's full postal address (if different from that given above)

Postcode: _____

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 Academy, please read carefully section 5.1 in the 'A Guide for Parents and Carers' entitled 'Change of Address'.

Postcode: _____

Proposed moving date (if known): ____/____/____

Signed: _____

Date: ____/____/____

Email address: _____

Daytime telephone number: _____ Mobile: _____
(including STD code)

If you have any questions about the appeal process, please do not hesitate to contact the Academy (tel: 01522 889977)