

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

IMPORTANT - If your child has an Educational Health Care Plan or a Statement of Special Educational Needs, 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. You should contact your child's named officer in the 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 Appeals Panel Members will receive copies, therefore project/filing wallets are unnecessary.

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

Postcode: _____

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

_____ Postcode: _____

h) 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): ____/____/____

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

Name	Date of birth	Current School/Academy
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

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

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

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

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

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

n) Do you require the services of an interpreter at the appeal? Yes No

If so which language do you require? _____

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

p) Please state if you have any mobility issues so that suitable arrangements can be made at the appeal venue:

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)

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'

Signed:_____ Date:___/___/___

Relationship to child:_____

Email Address:_____

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

If you have any concerns or questions about the appeal process please do not hesitate to contact the Academy Tel: 01522 889977

Revised February 2022