Dear Parent/Carer,

If you wish to appeal an admissions application refusal, please complete the following form.

You will need to confirm that you have read the admissions policy and you will need to confirm which of the below options you would like to appeal under.

You will then have the opportunity to attend an independent panel board and present your case that the school did not apply the admissions code appropriately. They will then make a decision and this decision will be final.

If you believe that the admissions policy was applied appropriately, you don’t want to appeal but would like to ask for your child’s name to be added to the waiting list for this school, complete option 2 of this form and email to [GateacreAdmissions@gateacre.org](mailto:GateacreAdmissions@gateacre.org)

|  |  |
| --- | --- |
| Child name |  |
| Child date of birth |  |
| Age of Child |  |
| Year group |  |
| Parent’s/Carer’s name |  |
| Home Address |  |
| Contact number |  |
| Sibling (s) Name (s) at Gateacre School |  |
| Sibling (s) Year Group (s) at Gateacre School |  |
| Current School |  |
| Date of original application to the local authority portal |  |
| Did you attend the Open Evening? |  |
| Did you attend the Principal’s Presentation? |  |
| Does the child have a parent who works for Gateacre School? |  |
| Is the child a Looked After Child and therefore part of the Virtual School? |  |
| Does the child have an EHCP? (This does not include being on a Pathway or partway through an application) |  |

**Local Authority Preference Details.**

Please provide the names of the five schools which you applied for in order of preference.

|  |  |
| --- | --- |
| Preference 1 |  |
| Preference 2 |  |
| Preference 3 |  |
| Preference 4 |  |
| Preference 5 |  |

Which school has your child been allocated: …………………………………………...

**Please read the admissions policy and decide which action you would like to take:**

**Option 1**

I confirm that I have read and understood the admissions policy for Gateacre School and I would like to appeal as I believe that this has not been applied appropriately in this case.

Parent’s/Carer’s name: ……………………………………………..

Parent’s Carer’s signature: …………………………………………

Date: ………………………………..

|  |
| --- |
| Reason for the appeal |
| Please give the full details of the reason for the appeal, referring to the specific part of the admissions policy which you believe was not applied appropriately in this case. |

**Option 2**

Having read the admissions policy, I believe that it has been applied appropriately but I would like my child to be added to the waiting list for when a place becomes available.

Parent’s/Carer’s name: ……………………………………………..

Parent’s Carer’s signature: …………………………………………

Date: ………………………………..

**Option 3**

I would like to state my case in order to demonstrate the negative impact on my child or to provide any other reasons for appeal I consider relevant.

|  |
| --- |
| Reason for the appeal |
| Please give the full details of the reason for the appeal. |

Parent’s/Carer’s name: ……………………………………………..

Parent’s Carer’s signature: …………………………………………

Date: ………………………………..