ARCHBISHOP BLANCH SCHOOL

# **NOTICE OF APPEAL – September 2024 Admission**

Please complete each section of the form. **PLEASE PRINT IN CLEARLY**

**Child’s Information:**

|  |  |
| --- | --- |
| Child’s Forename: |  |
| Child’s Surname: |  |
| Date of Birth: |  |
| Home Address of child including post code: |  |
| Current School: |  |
| Current Year Group: |  |
| Name of School Allocated by Local Authority: |  |
| Schools specified on preference form (order not required) |  |

**Parent’s/Guardian’s Information: Information will be sent to this recipient.**

|  |  |
| --- | --- |
| Title: Please circle | Mr/Mrs/Ms/Dr/Rev/Other |
| Full Name: |  |
| Address:(If different to above) |  |
| Mobile Telephone Number: **REQUIRED INFORMATION** |  |
| Land line number |  |
| Email address**REQUIRED INFORMATION** |  |
| Relationship to child(ie: Parent/Guardian) |  |

**Additional Information: Please circle**

|  |  |  |
| --- | --- | --- |
| \* Do you intend to attend the appeal hearing? | YES | NO |
| \* Will you be submitting written statements/letters of support/Doctor’s or Hospital Certificate that you intend to refer to at the appeal hearing? *If yes please include information with this Notice of Appeal* | YES | NO |
| Will you be accompanied to the hearing? If yes please provide information here: | YES | NO |
| Will you require any additional support eg: Wheelchair access? | YES | NO |

**\*We strongly encourage parents to attend the Appeal Hearing, as this will enable you to fully state your case to the Appeal Panel.**

I wish to appeal under the terms of the School Standards and Framework Act 1998, as amended by the Education Act 2006, against a decision taken by the Admissions Panel of Archbishop Blanch School, not to admit my child.

Please enter below the reason(s) why you wish your child to attend Archbishop Blanch School:

**Continue on a separate sheet if required.**

|  |
| --- |
|   |

**Declaration & signature:**

|  |
| --- |
| **The Information I have given is correct to the best of my knowledge. I understand that should any false or misleading information is provided the Panel have the right to review their decision and withdraw a place offered if necessary:** |
| **Signed:** |  |
| **Date:** |  |

**Please return this completed form to: Clerk to the Appeal Panel, c/o Archbishop Blanch School, 80 Earle Road, Liverpool, L7 6HQ**

**The closing date for submission of this notice is -31st March 2024**