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|  | SCHOOL APPEAL FORMFor admission to Rudheath Senior Academy |

# If you are appealing for more than one child, please complete a separate form for each child and each appeal.

**Please complete this form in black ink. Web Version**

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| --- | --- | --- | --- | --- |
| **The Rudheath Senior Academy** | | | | **YEAR GROUP** |
| CHILD DETAILS | Surname: Forename: | | | |
| DOB | Male / Female *(please delete as appropriate)* | | |
| School currently attending / last school attended:  Date child left (if applicable): | | | | |
|  | | | **Yes**  | **No**  |
| Is the child **‘Looked After’ by a Local Authority** (*in public care*)?  If yes, please state which Local Authority and provide a contact number: | | |  |  |
| Does your child have a **Statement** of Special Educational Needs? | | |  |  |
| Is your child **permanently excluded** from school? | | |  |  |

|  |  |  |
| --- | --- | --- |
| Appellant’s names: (parent, guardian or carer) Mr/Mrs/Miss/Ms/Dr *(please delete as appropriate)* | | |
| Relationship of appellant to child –  (*please specify - parent/guardian/carer/other)* | | |
| Do you intend to be present at the appeal hearing? **Yes / No** *(please delete as appropriate)*  Have you any special requirements i.e. wheelchair access/hearing problems? **Yes/No If yes please give details overleaf.** | | |
| Current Address:-  Post code | Address in Cheshire West and Chester to which you are moving:-  *(if applicable)*  Post code | |
| E-mail address: | E-mail address: | Date of  Moving: |
| Telephone contact numbers:- | | |

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Date received |  | Child’s Catchment School |  |
| Confirm PAN reached |  | Presenting Officer |  |
| Logged on system |  | Passed to legal |  |
| Acknowledgement letter |  | Processed by |  |

Do you have any other school aged children?

If so, indicate their names, ages and schools they attend.

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Name of Child’s present school** |
|  |  |  |
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|  |  |  |

Please state your reasons for seeking a place at this school (e.g. moving into area/domestic arrangements etc). If you are stating medical, psychological or social reasons **PLEASE ENSURE THAT PROFESSIONAL EVIDENCE IS ATTACHED** e.g. a letter from a doctor or professional stating the **medical or social reasons which require your child to attend this particular school**

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# Any other specific needs (give details):

…………………………………………………………………………………………………………………………… I wish to appeal against the decision not to allocate a place for my child at the school named overleaf.

**Signed:** ……………………………………………………… **Date:** ………………………….

***Please return this form to: The Rudheath Senior Academy,***

***Middlewich Road,***

***Rudheath, Northwich,***

***Cheshire, CW9 7DT***

***admin@rudheathsenioracademy.org.uk***