



Wimborne Minster, Dorset, BH21 4DT

Section 1: Your Appeal

For which Year Group has your child been refused a place?	
On what date did you apply for a school place? (the date you inserted	
on your original application form)	
What is the date on the refusal decision letter issued to you by the	
Admissions Authority?	

Section 2: Your Child's Details (the child who is the subject of this appeal)

Legal Surname	First Name	Middle Name(s)
Gender	Date of Birth (dd/mm/yyyy)	Registered Nationality
Male / Female		

Is your child <u>currently</u> on the roll of a UK school?		Yes	No
If 'Yes' please provide the name of the school			
When did they last attend school?	Month/Year:		
Is your child <u>currently</u> a 'Looked After Child'. A child Local Authority?	l in the care of a	Yes	No
Does your child have a Statement of Special Educati by a Local Authority?	onal Needs issued	Yes	No

Does your child have any siblings <u>currently</u> attending this school? A sibling definition applies, which is set out in the published Admission Arrangements document	Yes	No
If 'Yes' you may choose to provide sibling details as part of your response in Section 4		

Please enter the home address at which your child lives for the majority of their time	





	Years	Months	Weeks
How long have they lived at this address?			
Are there any formal shared residency arrangements in p child?	lace for your	Yes	No

Section 3: Your Details (the person submitting this appeal)

Surname	First Name		Title	
Relationship to child	Parent	Carer	Other	
Do you live at the same address a behalf of	as the child you are app	pealing on	Yes	No
If 'No' then please provide your f	ull address for commu	nication purpose	s (include po	stcode)
Landline telephone number	Mobile number	Email add	ress	

Section 4: Your Appeal Against the Decision to Refuse Admission

Is your intention to be present in person at your appeal hearing. The appeal hearing will be scheduled to take place in accordant the Appeals Timetable published on the School website.	_	Yes	No
If you intend that another person represents you or accompa provide their name(s) and position	nies you to	the hearing, p	olease
Name	Position		





Please explain why you are appealing against the decision to refuse your child a place at the school. You, or your representative(s) will have the opportunity to present your case at the appeal hearing and to expand on the information you set out below.		
Continue with your statement on the next sheet if required	,	





Court and	
Continued	





Section 5: Declaration and Signature

This application will not be processed unless signed and dated by the applicant. By signing, the applicant confirms that:

- The information that I have provided on this appeal form is honest and not intended to mislead in any way
- The information provided on this Appeal Form may be shared by the Admission Authority for the purpose of responding to any points I have set out and for the preparation of my appeal hearing, subject to the Data Protection Act 1988.
- I am entitled to make this appeal as I am the legal Parent/Carer of the child concerned
- I have the appropriate consent from the legally responsible party to make this appeal on his/her behalf

Signature of Applicant (Appellant)	Date

For School Office	Insert the date on which the admission application to which this appeal relates was received at the School Office	
Only:	Insert the date on which this Appeal Form was received at the School Office	





<u>Important information relating to the completion of the Appeal Form</u>

School Admission Appeals are subject to the requirements of the 2012 School Admission Appeals Code, issued by the Department for Education. A copy can be viewed or downloaded at

www.education.gov.uk

The Queen Elizabeth's School Academy Trust is the Admissions Authority responsible for arranging appeal hearings that arise in connection with decisions to refuse admission to the academy. It is recommended that before submitting an appeal, you refer to the Trustee's published Admission Arrangements which can be downloaded from the academy website or a paper copy made available from the academy Reception Office

The Appeal Form has been designed to gather the information necessary to ensure that your circumstances are clear and that your appeal hearing can be efficiently and effectively scheduled within the statutory timeframe set out in the appeal timetable published annually on the academy website.

You, or your appointed representative must use this Appeal Form to explain the reasons for the appeal against a decision to refuse admission. The completed Appeal Form will be set before an independent appeal panel at the appeal hearing.

You may hand-deliver your appeal form to the Academy Reception Office, or send to the Academy by post or email attachment. Safe delivery and the security of the information provided on the appeal form during transit, is the responsibility of the appellant. It is advisable to post by a special delivery service or to obtain a receipt if hand delivered:

School Address: Queen Elizabeth's School, Wimborne, Dorset, BH21 4DT Email: admissions@queenelizabeths.com

Complete this Appeal Form in full and ensure that you date and sign the declaration before submitting to the Academy Office

A separate Appeal Form must be submitted for each child

Additional information may be provided to the Clerk up to two calendar days before your appeal hearing. No new information may be presented at the hearing, unless the Chair of the Appeal Panel specifically permits this in exceptional circumstances.

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