

Admission Appeal Form for Garforth Academy

Please read these notes before filling in this form.

You should fill in this form if you want to appeal against our decision not to offer your child or children a place at the School.

You will be sent more details about the appeal hearing once a date has been arranged.

We will acknowledge that we have received your form within three days. If you do not receive an acknowledgement, please phone 0113 2127119 to check that we have received your form.

Please post your completed form to: Mr T O'Reilly, Admissions, Garforth Academy, Lidgett Lane, Garforth, Leeds, LS25 1LJ.

Please include any documents which support your appeal.

SECTION 1 (Please use CAPITAL LETTERS and black ink.)				
	First Name(s)	Last name	Date of birth	Boy or girl
Appeal for: (child's name)				
Your name: (Mr/Mrs/Miss/Dr.)		If you need an interpreter tell us which language		
Your child's permanent address and postcode:		Your address and postcode (if different)		
How long has your child lived at this address?				
Email address:		Daytime phone number:		
Does your child have a statement of special educational needs? Yes No				
The school that your child currently goes to:		The school that your child has been offered a place at:		

SECTION 2 – Reasons for your appeal

Please give your reasons as fully as possible. Continue on a separate piece of paper if necessary. Send us any extra evidence you feel might be relevant.

Data Protection Act 1998

Under the Data Protection Act 1998, we must tell you about the following. By signing this form you are giving us permission to use the information you give us to deal with your appeal against the decision not to offer your child a place at your preferred school. This will involve giving your information to representatives of the Governing Body and relevant officers at the School as well as Education Leeds. We may also use the information you provide for monitoring and research purposes.

Declaration

I give you permission to use the information I have given on this form. I understand that relevant personnel within the School and Education Leeds will use it as required.

Your signature: _____

Date: _____

Relationship to the child: _____

If you give false information on this form, we may withdraw any place that we have offered your child

Appeal received	Appeal acknowledged	Reference Number	Year group	Appeal form received by CCGU