



Joseph  
Leckie  
Academy

**Joseph Leckie Academy**

Walstead Road West, Walsall, West Midlands, WS5 4PG

**Telephone:** 01922 721071

**Email:** [postbox@josephleckieacademy.co.uk](mailto:postbox@josephleckieacademy.co.uk)

**Website:** [www.josephleckieacademy.co.uk](http://www.josephleckieacademy.co.uk)

**Principal:** Mr A McNaughton

**Joseph Leckie Academy**

**APPEAL AGAINST AN ADMISSION DECISION**

You must complete ALL sections of the application form. Completed form to be emailed to [JLAMidYearAdmissions@josephleckieacademy.co.uk](mailto:JLAMidYearAdmissions@josephleckieacademy.co.uk)

If you need help or advice, please contact the Academy Data Office by telephone on 01922 721071 ext. 2221 or email: [JLAMidYearAdmissions@josephleckieacademy.co.uk](mailto:JLAMidYearAdmissions@josephleckieacademy.co.uk)

All data is held in accordance with the Data Protection Act 2018. Information is shared with schools and other Local Authorities for school admission purposes and will be kept on file for at least 12 months from the date of appeal.

**Section 1: Your Child's Details**

<b>First Name of Child:</b> .....		<b>Second Name of Child:</b> .....	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b> .....	<b>Age:</b> .....	<b>Current Year Group:</b> .....
<b>Date of Original Application</b> (if this is more than 12 months ago, please complete an Admissions Form):		.....	

**Section 2: Details of Parent / Carer making this appeal**

<b>Name of Parent / Carer:</b> .....	<b>Relationship to Child:</b> .....
<b>Home Address:</b> .....	
<b>Post Code:</b> .....	<b>Email Address:</b> .....
<b>Home Telephone Number:</b> .....	<b>Mobile Number:</b> .....



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The  
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Brook**  
Trust





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**Section 5: Declaration by the Parent /Carer with parental responsibility**

- I understand that a place may be withdrawn if it is offered because of fraudulent or misleading information.
- I will notify the Academy of any changes in my home address which occur between the date of this application and any subsequent offer of a school place.
- I understand that the information I give on this form will be shared with schools and other Local Authorities for school admission purposes and will be kept on file and computer for at least 12 months from the date of this application.
- I have parental responsibility for the child.
- I/We waive my/our right to the statutory 14-day appeal

**Full Name of Parent / Carer (please print):**

.....

**Parent / Carer Signature:**

.....

**Date:**

.....

**Office Use Only:**

**Date Appeal Received:**

.....

**Appeal Hearing Date:**

.....



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