

**Joseph Leckie Academy**

**APPEAL AGAINST AN ADMISSION DECISION YEAR 7 / 2020**

You must complete **ALL 12 SECTIONS** of the application form.

Completed form to be returned to: Mrs S Richards, Joseph Leckie Academy, Walstead Road West, Walsall, WS5 4PG.

If you need help or advice please contact the Academy by telephone on 01922 721071 ext 250 or email [admissionsappeals@josephleckieacademy.co.uk](mailto:admissionsappeals@josephleckieacademy.co.uk).

All data is held in accordance with our Data Protection registration and current GDPR legislation. Information is 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 application.

***1. Please fill in ALL these boxes to tell us about your child***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name of child | |  | Last name of child |  |
| Gender (please tick) | | Date of Birth | Age | Current Academic Year |
| Male | Female |  |  |  |
| Name of Parent/Carer | | Current Home Address  Permanent/Temporary |  | |
|  | |
| Relationship to pupil | |  |
| Home Telephone No: | |  | Mobile No: |  |

|  |
| --- |
| Email Address: |

***2. You MUST complete this section if your child has a STATEMENT OF SPECIAL EDUCATIONAL NEEDS, or an EDUCATION, HEALTH AND CARE PLAN***

State the name of the Local Authority that issued your child’s statement of Special Educational Needs or Education, Health and Care Plan

|  |  |
| --- | --- |
| Local Authority: |  |

***3. You MUST complete this section if your child is in PUBLIC CARE (looked after children)***

State the name of the Council and Social Worker who are responsible for your child:

|  |  |
| --- | --- |
| Council: | Name of Social Worker: |

***4. Medical details***

|  |  |
| --- | --- |
| **Doctor’s Name** |  |
| **Doctor’s Address** |  |
| **Known Medical Conditions** |  |

|  |  |
| --- | --- |
| **Are you New into Country/Area: Yes/No** | |
| **Consent for routine health assessment to determine if your child has any unmet health needs. Assessment to be completed by School Nursing Service.** | **Yes/No** |

**5. Free School Meal Entitlement (Delete as appropriate)**

|  |  |
| --- | --- |
| **Is your child entitled to Free School Meals?** | **Yes/No** |

***6. This information will be used to help us to monitor the impact of our services***

***It will not affect your application if you choose not to complete it.***

How would you describe the ethnic group of your child? (please tick one box)

|  |  |
| --- | --- |
| WHITE  British  Irish  Traveller of Irish Heritage  Gypsy or Roma  Any other white background | ASIAN or ASIAN BRITISH  Indian  Pakistani  Bangladeshi  Any other Asian background |
| MIXED  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background | BLACK or BLACK BRITISH  Black Caribbean  Black African  Any other Black background |
| CHINESE and OTHER GROUPS  Chinese  Any other ethnic background | I do not wish an ethnic group to be recorded |

***7. Do you consider that your child has a disability as defined by the Disability Discrimination Act 1995\*?***

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| If yes please give details: |  |

I prefer not to answer this question

\*A physical or mental impairment which has substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities

***8. Additional Information***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Was your child born in the UK?** | | **Yes/No** | | **If No please state Country of Birth** | | | | |  |
| **Religion** |  | | | | **Home Language** |  | | | |
| **Date of arrival in UK** |  | | | | **Nationality** | |  | | |
| **Are you and your family seeking asylum?** | **Yes/No** | | **If yes, please provide a copy of the NASS35 and the ARC card.** | | | | |  | |

|  |  |
| --- | --- |
| Previous Primary School |  |
| Please give the date your child last attended |  |
| Has your child ever been excluded from a current/previous school? | **Yes / No** |
| If yes, give dates of fixed term and/or permanent exclusions |  |

|  |  |
| --- | --- |
| Please give details of any other agencies that are involved with your child (eg YISP/CONNEXIONS etc) |  |

**9. Date of original application to Joseph Leckie Academy ……………………………………………….**

**Was this application for Year 7 transfer Yes/No**

***10. Do you wish to attend the Appeal hearing in Person? Yes/ No***

* **Will you be accompanied by a friend, supporter or professional representative? Yes/No\***
* **Will you require the services of an interpreter? Yes/No\***
* **If yes, please specify which language you require? ……………………………………………...**

(\*Delete as appropriate)

***11.* Reasons for appeal**

|  |
| --- |
|  |

*Please continue on a separate sheet is required*

***12. Declaration by the parent or guardian 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 appeal 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

|  |  |  |
| --- | --- | --- |
| Signature of Parent/Guardian |  | Date |

Full Name of Parent/Guardian **(please print)**

|  |  |
| --- | --- |
| Mr/Mrs/Miss/Ms | Date |

**Office Use (to be completed by MM)**

|  |  |
| --- | --- |
| **Date Appeal Received:** |  |
| **Appeal Appointment Date:** |  |
| **Date:Letter sent** |  |
| **Appeal Granted** | **Yes/No Date: Approved:** |
| **Start Date/Form/House** |  |