



Joseph Leckie
Academy

Joseph Leckie Academy
Walstead Road West, Walsall, WS5 4PG
Principal: James Ludlow
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Appeal Against An Admission Decision Form (Year 7 / 2022)

You must complete ALL 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: adminssionsappeals@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 application. **Please provide Passport or Birth Certificate for ID.**

Section 1: Your Child's Details

First Name of Child:		Second Name of Child:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:	Current Year Group:
Name of Parent / Carer:		Relationship to Child:	
Home Address:			
..... Post Code:		Is this a permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Telephone Number:		Mobile Number:	
Email Address:			

Section 2: statement of special educational needs, or an education, health and care plan

Does your child have a STATEMENT OF SPECIAL EDUCATIONAL NEEDS, or an EDUCATION, HEALTH AND CARE PLAN? Yes No

If 'Yes', please 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:

Section 3: Public Care

Is your child designated as a Child in Care (LAC)? Yes No

If 'Yes', please state the name of the Council and Social Worker who are responsible for your child:

Council:	Name of Social Worker:
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Has your child ever been designated as a Child in Care (LAC)? Yes No

Is your child adopted or designated as being in Private Care/Guardianship arrangement?

Yes No

Section 4: Medical Information

Doctor's Name:	
Doctor's Address: Post Code:	
Doctor's Tel. No.:	
Known Medical Conditions (including allergies): *If required, your child will be given first aid or urgent medical treatment during the school day.	

Are you new into the Country or Area? Do you 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

Section 5: Disability

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

Yes No I prefer not to answer this question

If 'Yes', please give details:
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Section 6: Free School Meal Entitlement

Is your child eligible for Free School Meals? Yes No

Has your child ever been eligible for Free School Meals? Yes No

Section 7: Additional Information

Was your child born in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please state which Town/City your child was born in:
If 'No', please state your child's Country of Birth:

* 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.

Date of arrival in the in the UK:	Child's Nationality:
Are you and your family seeking asylum? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide a copy of the NASS35 and the ARC card.	
Religion:	
First Language:	Home Language:

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

WHITE <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy or Roma <input type="checkbox"/> Any other white background	ASIAN or ASIAN BRITISH <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
MIXED <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	BLACK or BLACK BRITISH <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Any other Black background
CHINESE and OTHER GROUPS <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background	<input type="checkbox"/> I do not wish an ethnic group to be recorded

Section 7: Details of Current/Previous Schools

Previous Primary School:
Please give the date your child last attended:
Has your child ever been excluded from a current/previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', give dates of and the reason(s) for fixed term and/or permanent exclusion(s):

Please give details of any other agencies that are involved with your child (e.g. YISP, CONNEXIONS etc.):
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Section 8: Original Application to Joseph Leckie Academy

Date of Original Application:	Was this application for a Year 7 transfer: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Section 9: Reasons for Appeal

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Section 8: Appeal Hearing

Are there any dates you will be unavailable to attend?
Will you be accompanied by a friend, supporter or professional representative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you require the services of an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify which language you require?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 9: 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:
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Office Use Only:

Date Appeal Received:		
Appeal Hearing Date:		Date Letter Sent:
Appeal Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Approved:
Start Date:	House:	Form: