



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.

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
Male	Female		Current Academic Year
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
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**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 <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

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

Yes	No
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If yes please give details:	
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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)	
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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

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

Mr/Mrs/Miss/Ms	Date
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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			