BOSTON HIGH SCHOOL ACADEMY APPEAL FORM

If your child has a Statement of Special Educational Needs and you wish to appeal against the decision not to offer your child a school place, you must contact the Special Educational Needs Team on 01522 553332. This form is only appropriate if your appeal is for Boston High School Academy.

You have been sent two copies of this form: one is for you to complete and return to Boston High School, the other copy is for you to complete and keep. Please refer to the enclosed School Admission Appeals – A Guide for Parents and Carers when completing this form. If you have any queries or require further copies of this form or the Guide for Parents and Carers, please do not hesitate to contact us on 01205 310505.

Once returned you will receive a written acknowledgement of this form. If you do not receive this please contact us.

Please use block letters and write in black ink or ballpoint pen.

School you are ap			
Name of child who			eal:
Gender: Ma		Female \Box	Date of birth:
School child curre	ently attend	s:	
If your child has b	een offere	d a place at an	alternative school, please tell us below:
Contact details of	person ap	pealing on beh	alf of the child:
Full name:			
Relationship to ch	nild:		
Address:			
			Postcode
Home phone num	ber:		
Work phone numb	ber:		
Mobile phone nun Please note - If yo telephone regardi	our telepho	one will not acc	cept anonymous calls we will not be able to contact you by
Email address:			
Child's address if			
			Postcode

If you are moving house, ple address between the date yo start at the school, please i Moving House.	u send in your adn	nission appeal form and the	date you wish your child to
		Postcode	
Status of move:	Tenand	cy agreement signed 🔲 E	Exchanged contracts
Moving in with partner or rela (please provide evidence for a photocopy)		Forces posting .g a copy of the exchange o	Other of contracts. This should be
Details of the move, including	g dates:		
Other children living in the sa	me household und	er 19 years of age:	
<u>Name</u>	Date of birth	Current schools	Have you appealed before?
			Yes 🗖 No 🗖
			Yes 🔲 No 🔲
			Yes 🗖 No 🗖
Please give details including	dates of any previc	ous appeals:	
You are legally entitled to 10	school days notice	of the date your appeal is to	o be heard.
Do you agree to less than 10	school days notice	e if necessary?	Yes 🔲 No 🔲
Have you received a letter re If yes, please attach a copy.	fusing your child a	place at this school?	Yes 🔲 No 🔲
Or was this a verbal refusal?			Yes 🔲 No 🔲
Will you be attending the app	eal?		Yes No No
Please indicate any dates wharranging the appeal. However, cannot be changed.	•	•	
If attending the hearing, will a	nyone accompany	you?	Yes 🔲 No 🔲

Name and address of person accompanying you:				
Their relationship to the child:				
If not attending, will anyone represent you at the appeal?				
Name, address and organisation (if applicable) of the person representing you:				
Do you require the services of an interpreter? This will be provided free of charge if required. Yes No				
If yes which language? Please state dialect if relevant				
Do you require the services of a signer? This will be provided free of charge if required.				
Yes No No Please state if you have any mobility issues so that suitable arrangements can be made.				
Reasons for appeal Please give the reasons why you want a place for your child at the school to which this appeal relates, including medical, geographical, religious and any other relevant information. Please attach securely, copies of any supporting documents e.g. medical certificates. See the section in the Guide for Parents and Carers on sending in your appeal.				

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	se continue on a separate sheet if necessary and securely attach to this form. Any supporting mation should be photocopies of the original where possible.
read	se give contact details of any other person who has parental responsibility for the child. Please the section in the Guide for Parents and Carers headed Parental Responsibility. (Please give full e, address, telephone number and relationship to the child):
-	ou provide consent for us to contact this person? Yes No Les on the we may contact you for further details.
Decl	aration, please tick:
	I declare that I am the parent of the child who is the subject of this appeal. Please read the section in the Guide for Parents and Carers headed Definition of a parent for further information.
	I declare that the information contained in this Appeal Form is correct as at the date of writing, to the best of my knowledge.
	I declare that I have received, read and understood the Guide for Parents and Carers.
Signe	ed:Date:
	given on this form will be stored in paper format and on a secure computer system and will be solely for the purpose of processing this appeal. The outcome of the appeal will be shared with

the School Admission Team and yourself. Boston High School Academy will meet its requirements under the Data Protection Act in processing your data.

Revised 12/09