# Appendix 2 – Admission Appeals Form

**To be submitted by:** [insert date]

**To be posted to:** Appeals, Academy Transformation Trust, Room 501, One Victoria Square, Birmingham B1 1BD

Or

**E-mailed to:** appeals@academytransformation.co.uk

|  |
| --- |
| **Name of Academy appeal relates to:**  Click here to enter text. |

**Section 1: Child’s Details**

|  |
| --- |
| Forename (s): Click here to enter text. Surname: Click here to enter text.  Address:  Click here to enter text.  Date of Birth: Click here to enter text.  Gender: Male  Female |

**Section 2: Your Details**

Surname: Click here to enter text. Title: (Mr, Mrs, Miss, Ms or other)Click here to enter text.

Forename (s): Click here to enter text. Relationship to Child: Click here to enter text.

Address:

Click here to enter text.

E-mail Address: Click here to enter text.

Telephone Number: Click here to enter text.

Mobile Number: Click here to enter text.

Do you need an interpreter? Yes  No

Please let us know if you have a disability or special need which would affect your ability to attend the meeting:

Click here to enter text.

**Section 3: Oversubscription Criteria**

1. Has your child a statement of Special Educational Needs or an Education, Health and Care Plan? Yes  No
2. If yes to the above: Is this academy listed on your child’s plan? Yes  No
3. Is your child a looked after child or previously looked after child? Yes  No
4. Is another child registered at the same address in attendance at the academy? Yes  No
5. If yes to the above: child’s name: Click here to enter text.

If you have selected yes to questions 1 or 2 please provide evidence with your application.

**Section 4: Reason for the appeal**

Please provide as much detail as possible and include any evidence in support of your appeal with this form.

Click here to enter text.