# 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.