



Blue Coat Church of England Academy

YEAR 6 TO 7 APPEAL FORM FOR 2024-2025 ADMISSIONS

TO BE SUBMITTED NO LATER THAN FRIDAY 19TH APRIL 2024

I/We wish to appeal against the decision of Blue Coat Church of England Academy not to offer my/our child a place at the school.

Please type or write using **BLOCK capitals**

1	Full name of your child								
2	Date of birth	Date		Month		Year			
3	Parent title (please tick)	Mr		Mrs		Ms		Other	
	Full name of parent(s) or guardian(s):								
4	Relationship to child	Parent		Guardian		Other Please state			
5	Home address								
		Postcode							
6	Home telephone number								
7	Mobile telephone number(s)								
8	E mail address								
9	Please list the schools you applied for in order of preference	1		4					
		2		5					
		3		6					
10	Allocated School								
11	Does your child have a disability?	Yes		No		<i>Tick appropriate box</i>			
12	I wish to attend my appeal (Currently, this is via Microsoft Teams)	Yes		No					
13	You can bring a friend, relative or Interpreter to the meeting. Please state their name								
14	Are you happy to receive less than 10 days notice of your hearing?.	Yes		No					

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My reasons for appealing are:

(The Appeals Code states that you MUST give your reasons when lodging your appeal. Please ensure you include why you believe that your child's needs can only be met by attending this school. IF YOU DO NOT GIVE YOUR REASONS, THIS FORM WILL NOT BE ACCEPTED)

If necessary, please continue on a separate sheet and attach any supporting documents/evidence.

RETURN THIS FORM VIA:

EMAIL: st-karra-k@bluecoatacademy.org

OR POST: Mrs K Karra, Admissions and Appeals, Blue Coat Church of England Academy, Birmingham Street, Walsall, West Midlands, WS1 2ND

Declaration and Signature of Parent/Carer

- Having been refused a place at Blue Coat CofE Academy, I wish to exercise my right of appeal under the School Standards & Framework Act 1998. I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.
- I agree for my data to be stored electronically and to be contacted by post, e mail and telephone. I agree to copies of paperwork submitted, to be sent to panel members and to Blue Coat CofE Academy.

Signed

Date

PLEASE ENSURE THE FORM IS SIGNED AND DATED