



**APPEAL FOR ADMISSION TO
BISHOP RAWSTORNE CHURCH OF ENGLAND
ACADEMY**

For official use only
Appeal No: _____

Secondary

Date of Issue: _____

Date Received: _____

The Academy Trust of Bishop Rawstorne Church of England Academy are responsible for making arrangements for an independent panel to hear appeals against any decision refusing admission.

Please note that if your child has a Statement for Special Educational Need, the appeal must be considered by an SEN Tribunal. You should therefore not complete the attached appeal form. Please contact the Inclusion and Disability Support Service at your Education Office for a tribunal booklet and further information about the Tribunal process.

Independent Appeal hearings are arranged in accordance with a Code of Practice drawn up in consultation with the Council on Tribunals. Appellants are entitled to attend the hearing and **are strongly encouraged to do so.**

To enable legible photocopies of this form to be produced for members of the Appeal Panel please complete in BLACK pen.

GENERAL INFORMATION - THE STUDENT AND THE APPELLANT

Name of student: Surname _____ Forename(s) _____

Student's Date of Birth: _____ Gender _____

School now attending/previously attended* _____

Name(s) of parent(s)/guardian(s) _____

Address _____

_____ Postcode _____

Telephone: Home _____ Mobile _____ Work _____

e-mail address (please print) _____

If intending to move house, new address: _____

_____ Postcode _____

Intended date of move _____

Note that you must produce evidence of an exchange of contracts/tenancy agreement on or before the hearing date.

Your relationship to student e.g Father/Mother/Guardian/Other _____

Do you intend to be present at the hearing? Yes / No

Do you intend to be represented? YES/NO* If so, by whom? _____

Note: If you do not intend to be present or to be represented, the appeal will be considered on the basis of the information supplied on this form and any other accompanying information you may supply. You are, however, strongly advised to attend your independent admission appeal.

* Please delete as appropriate.

SCHOOL ALLOCATED

At which school has your child been offered a place? _____

Are there any particular reasons why this offer is not acceptable?

Have you contacted/visited this school? Yes / No

SCHOOL PREFERRED

Which school would you like your child to attend?

Please state clearly all your reasons for wanting a place at this school. (If these include specific medical, social or welfare reasons, please attach relevant professional evidence, e.g. from a doctor/heath visitor etc)

Will the child who is the subject of this appeal have any siblings attending this academy at his/her date of entry? If so, please complete the following:

Name(s)	_____	DOB(s)	_____	Date admitted	_____
	_____		_____		_____
	_____		_____		_____

Siblings are usually defined within the admission policy of the Academy

RELIGIOUS COMMITMENT

If you claim active parental commitment to any faith as part of your case, please complete this section.

Name place of worship attended (eg named Church, Mosque) _____

How frequently do you as parent(s)/Legal Guardian(s) attend? _____

How long have you worshipped regularly for _____

Please provide a letter from your faith leader or a member of the clergy which confirms your commitment explaining how long and how frequent you have been a worshipper at this place.

FOR THOSE APPEALING FOR A SECONDARY SCHOOL PLACE

What were your school preferences (in priority order) on the common admissions application form?

1 _____ 2 _____ 3. _____

This appeal form may be added to in any section, and you are able to write a separate letter of appeal. Any written documentation you wish the Independent Appeal Panel to consider **MUST** be submitted with this form. Further procedural details will be issued later to appellants (ahead of the scheduled independent appeal hearing).

If you consider your child has not been offered a place because of his or her disability, please request form DDA2 from the area education office.

If you have any difficulty in completing this form, or submitting your appeal, please ring 01772 600349.

Please return your completed form and any additional information to the Academy Trustees & Governors Admissions Committee, Bishop Rawstone Church of England Academy, Highfield Road, CROSTON, Leyland, Lancashire PR26 9HH before Friday 22 March 2024

Signed _____ Date _____ No of additional sheets attached _____