ADMISSION APPEAL FORM – Lacey Gardens Junior Academy

If your child has an Education, Health and Care Plan you must contact the Special Educational Needs Team on 01522 553332.

Please complete this form and return to juniors@laceyfieldlouth.co.uk

Appeals will be heard within 40 school days of the deadline for block appeals, or 30 school days for in year appeals. Please inform the school your child has been allocated if you have a pending appeal and you do not wish to start until the result is known

Once returned you will receive a written acknowledgement of this form within 5 working days. If you do not receive this please contact juniors@laceyfieldlouth.co.uk

Please use block letters and write in black ink or ballpoint pen. School you are appealing for: Name of child who is the subject of the appeal: Female \Box Gender: Male Date of birth: School child currently attends: If your child has been offered a place at an alternative school, please tell us below: Contact details of person appealing on behalf of the child: Full name:.... Relationship to child: Address:....Postcode..... Home phone number:.... Work phone number:..... Mobile phone number:.... Please note - If your telephone will not accept anonymous calls we will not be able to contact you by telephone regarding this appeal. Email address: Child's address if different:Postcode...... If you are moving house, please give details of your new address overleaf. If you are likely to change address between the date you send in your admission appeal form and the date you wish your child to

start

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section

https://www.lincolnshire.gov						
	<u> </u>			<u>Inshire</u>	County	Council
https://www.lincolnshire.gov	/.uk/scnooi-admissi	ons/apply-move	:-scnooi/2			
Address will be moving to):					
		Dooto	o d o			
		POSIC	ode			•••••
Status of move:	Tonan	cy agreement s	igned	Evehano	od contra	ete 🗍
				Excitating		
Moving in with partner or re			posting 🖵			ther 🖵
(Please provide evidence for	or any of the above	e.g. a copy of the	he exchange	of contra	acts. This	should
be a photocopy)						
Details of the move, including	ng dates:					
Other children living in the s	same household un	der 19 years of	age:			
NI.	D. (. (. (. (. (. (. (. (. (. (•				
<u>Name</u>	Date of birth	<u>Current s</u>	chools		<u>you</u> appealed	hefore
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If you have appealed for a l	-incomstille school	belore please g	jive detalis li	icidaling (Jales.	
Vou are legally entitled to t		ioo of the data	of vour one	aal Cam	otimo o o vuo	
You are legally entitled to t an appeal more promptly if				eai. Suili	eumes we	can near
an appear more premptly in	, ou ug. oo to g. vo o	por mairo and				
Do you waive your right to	10 school days noti	ce?		Yes	No 🗆	1
Do you waive your right to						
Have you received a letter refusing your child a place at this school? Yes U No					U	
If yes, please attach a copy						_
Or was this a verbal refusal	?			•	Yes 🚨 ı	No 🚨
				_		
Will you be attending the ap	peal?			Yes	☐ No [_
Please indicate any dates						
arranging the appeal. Howe cannot be changed.	ever appears for Re	eception and Ye	ear / Intake	are planr	ned in adv	ance and
odimot be ondriged.						
Name and address of person	n accompanying v	OII.				
radilio and address of perso	an accompanying y	ou.				

Their relationship to the child:				••••
If not attending, will anyone represent you at the appeal?	Yes		No	
Name, address and organisation (if applicable) of the person representing you:				
Do you require an interpreter; there will be no charge for this service?	Yes		No	
If yes which language? Please state dialect if relevant				
Do you require the services of a signer, there will be no charge for this service?	Yes		No	
Please state if you have any mobility issues so that suitable arrangements can be	e ma	ide.		
Reason for appeal Please give the reasons why you want a place for your child at the school. P copies of any supporting documents e.g. medical certificates. The panel can you feel is relevant, but may be restricted by the infant class size regulations decision (see Appeal a school place decision — How to appeal — Lincolnshire Country Coun	consi wher	der a	nythi / mal	ng that
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Please continue on a separate sheet if necessary and securely attach to this form. Any supporting information should be photocopies of the original where possible.
Please give contact details of any other person who has parental responsibility for the child. Please give full name, address, telephone number and relationship to the child:
Do you provide consent for us to contact this person? Yes No Please note if you state no we may contact you for further details.
Declaration, please tick:
I declare that I am the parent of or have parental responsibility for the child who is the subject of this appeal.
Signed:
Date:

Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this school appeal. The information will be shared with schools, the School Admissions Team and the Legal Services Team for the purposes of arranging your appeal only. Lacey Gardens Junior Academy will meet its requirements under the Data Protection Act in processing your data.

Revised 05/2024