Appendix 3 – Admission Appeals Form

**To be posted to:**

Appeals, Academy Transformation Trust

Unit 4

Second Floor, Emmanuel Court

Reddicroft

Sutton Coldfield

B73 6AZ

Or

**E-mailed to:**  [appeals@academytransformation.co.uk](mailto: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 ☐

If yes which language? Click here to enter text.

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**

Has your child a statement of Special Educational Needs or an Education, Health and Care

Plan? Yes ☐ No ☐

If yes to the above: Is this academy listed on your child’s plan? Yes ☐ No ☐

Is your child a looked after child or previously looked after child? Yes ☐ No ☐

Is another child registered at the same address in attendance at the academy? Yes ☐ No

☐

a) 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.