## **Corby Business Academy**



Academy Way, Gretton Road, Corby, Northamptonshire, NN15 5EB tel.no: 01536 303120 email: jhill@corbybusinessacademy.org

## New Intake Appeal Application Form - September 2019

## Notes for completion:

- Please complete in capital letters using black ink or type-written.
- Please ensure the form is returned by **Friday 29<sup>th</sup> March 2019**.
- Any appeal applications received after **Friday 29<sup>th</sup> March 2019** may not be heard with the other appeals.
- The date of the appeal will be notified to you in writing by **Friday 29<sup>th</sup> March 2019**.

| Full Name of Student                                   |     |        |         |  |
|--|-----|--------|---------|--|
| Date of Birth  |     | Gender |         |  |
| Address of Student                                     |     |        |         |  |
| Name of Parent / Carer                                 |     |        |         |  |
| Address of Parent / Carer<br>(if different from above) |     |        |         |  |
| Contact Telephone Numbers                              | Day |        | Evening |  |
| Email Address  |     |        |         |  |

This appeal form should be returned to:

jhill@corbybusinessacademy.org or J. Hill, Corby Business Academy, Academy Way, Gretton Road, Corby, Northamptonshire, NN15 5EB The deadline for receipt of the completed form is no later than **5.00pm on Friday 29<sup>th</sup> March 2019**.

Please note that additional evidence to that submitted on this form regarding the grounds for appeal can be submitted by parents / carers to J.Hill at the above Academy address. The deadline for submission of additional evidence for the grounds for appeal is **Tuesday 14**<sup>th</sup> **May 2019**.

Grounds for Appeals (to be completed by Parent / Carer)

If necessary, please continue on a separate sheet and attach any supporting evidence to this form.

| Signature (Parent / Carer)   |  |     |  |    |  |  |  |
|--|--|-----|--|----|--|--|--|
| Date of Submission of Appeal   |  |     |  |    |  |  |  |
| Please place student on the Waiting List if the appeal is NOT upheld (only applicable until 31 <sup>st</sup><br>December of the year of entry) |  | Yes |  | No |  |  |  |
| Please indicate if you intend to be present at the Appeal or will have a representative with you or representing you                           |  | Yes |  | No |  |  |  |
| Please indicate if you intend to have a representative with you or representing you  |  |     |  | No |  |  |  |
| Please indicate if you require disabled access   |  |     |  | No |  |  |  |
| Please indicate if you require the facilities of a language / sign Interpreter   |  |     |  | No |  |  |  |

Please state requirements