



Appeal Application Form In Year Appeals

Notes for completion:

- Please complete Pages 1 and 2 in capital letters using black ink or type-written.
- Please ensure the form is returned as soon as possible.
- The date of the appeal will be notified to you in writing.

Full Name of Student							
Please Indicate Year Group Admission (Please tick as appropriate)	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Date of Birth			Gender	Female		Male	
Address of Student							
Name of Parent/Carer						Titl e	
Address of Parent / Carer (if different from above)							
Contact Telephone Numbers	Day			Evenin g			
Email Address							

This appeal form should be returned to:
appeals@corbybusinessacademy.org or Appeals, Corby Business Academy, Academy Way, Gretton Road, Corby, Northamptonshire, NN17 5EB.

Grounds For Appeal (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

Year 7 & Year 12 only – If the appeal is NOT upheld please place student on the Waiting List held until 31st December

Please indicate if you intend to be present at the Appeal

Please indicate if you require Disabled Access

Please indicate if you require the facilities of a Language / Sign Interpreter

Please state requirements

Yes		No	
Yes		No	
Yes		No	
Yes		No	

Dated:

Signature of Parent/Carer:

For Office Use Only

Date Appeal Form sent to Parent / Carer													
Date Appeal Form Received													
Year Group Admission (Please tick as appropriate)	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13						
Name of Student					Date of Birth								
Student Number					Tested (Y/N) Year 7 only		Stanine						
Date of Appeal					Time								
Appeal Upheld	Yes		No		Appeal Declined	Yes		No					
Place on waiting list Year 7 and 12 (until 31 st Dec)	Yes		No		Attending Appeal	Yes		No					
LA School Allocation													
Disabled Access required	Yes		No		Please State:								
Sign/Lang Interpreter required	Yes		No		Please State:								
Clerk to the Appeals Panel Signature													
Date Parent / Carer informed of decision													

Comments

