



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					Title		
Address of Parent / Carer (if different from above)							
Contact Telephone Numbers	Day			Evening			
Email Address							

This appeal form should be returned to:

Stuart.wall@corbybusinessacademy.org or Stuart Wall, 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**Yes****No**

Please indicate if you intend to be present at the Appeal

Yes**No**

Please indicate if you require Disabled Access

Yes**No**

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

Yes**No***Please state requirements***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
