Academy Way, Gretton Road, Corby, Northamptonshire, NN17 5EB t 01536 303120 e Fern.Gibson@corbybusinesssacademy.org

## New Intake Appeal Application Form - September 2021 entry

Notes for completion:

- Please complete in capital letters using black ink or type-written.
- Please ensure the form is returned by Monday 12<sup>th</sup> April 2021, 5.00 p.m.
- Any appeal applications received after Monday 12<sup>th</sup> April 2021, 5.00 p.m. may not be heard with the other appeals.
- The date of the appeal will be notified to you in writing by **Friday 30<sup>th</sup> April 2021**.

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

This appeal form should be returned to:

fern.gibson@corbybusinessacademy.org or Fern Gibson, Corby Business Academy, Academy Way, Gretton Road, Corby, Northamptonshire, NN15 5EB

The deadline for receipt of the completed form is no later than **5.00 p.m.** on **Monday 12<sup>th</sup> April 2021**.

Please note that additional evidence to that submitted on this form regarding the grounds for appeal can be submitted by parents / carers to Fern Gibson at the above Academy address. The deadline for submission of additional evidence for the grounds for appeal is **Friday 14<sup>th</sup> May 2021**.

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.

Number of additional sheets provided

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> 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	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.

For Office Use Only										
Date Appeal Form sent to Parent / Carer										
Date Appeal Form Received										
Name of Student						Date of Birth				
Student Number						Tested (Y/N)	Stanine			
Date of Appeal						Time				
Appeal Upheld	Yes		No		Appeal Decl	ined	Yes		No	
Place on waiting list <b>(until 31<sup>st</sup> Dec)</b>	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