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| **Appeal Application Form In Year Appeals** |

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| **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. |

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| **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** |  | | | | | | | | | | | | | | | | |

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| **This appeal form should be returned to:** [**appeals@corbybusinessacademy.org**](mailto:appeals@corbybusinessacademy.org) **or Appeals, Corby Business Academy, Academy Way, Gretton Road, Corby, Northamptonshire, NN17 5EB.** |

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| **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.* |

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| Signature (Parent / Carer) |  |
| Date of Submission of Appeal |  |

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| **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:*** | | | | |

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| **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 31st 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 | | | | | | | | |  | | | | | | | | | | | | |

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| **Comments** |
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