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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** **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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