

PRIMARY
SECONDARY

For official use only Appeal No.

Blackburn with Darwen Borough Council & Church School Authorities

ADMISSION TO VOLUNTARY AIDED SCHOOLS

APPEAL FORM

To enable legible photocopies of this form to be produced for members of the appeal panel will you please complete the form in black pen. Feel free to use additional sheet for any extra information you wish to submit.

An independent appeal panel will hear your appeal. Details of the appeal hearing and the School's case will be sent to you at a later date.

A. GENERAL INFORMATION – THE PUPIL AND THE APPEALANT

1. Name of Pupil	Surname		
	Forename(s)		
2. Date of Birth	Day	Month	Year
	Boy/Girl		
3. Does your child have a Statement of Special Educational Needs / Individual Pupil Resource Agreement (IPRA)? Yes/No			
4. Has your child ever been permanently excluded? Yes/No			
<i>If yes, please provide details of the school(s)</i>			
5. School now attending			
6. Name(s) of Parent(s) or Carer(s)			
7. Address:			
Post Code:			
8. Telephone Number (Home)		(Work)	
9. Relationship of appellant to pupil – Father/Mother/Carer/Other			
10. Do you intend to be present at the appeal hearing? Yes/No			
11. Do you intend to be represented? Yes/No			
If so by whom? e.g. relative			
Note: If you do not intend to be present or to be represented, the appeal will be considered on the basis of information supplied on this form and any other accompanying information you may supply			
12. Do you require an interpreter? Yes/No			
If yes, please state the language require			

B. SCHOOL PREFERRED

13. Which school would you like your child to attend?

14. Why do you consider that a place should be allocated at this school?

15. Are there any special reasons affecting the child e.g. of a medical, social or welfare nature, why you think you child should attend this school? Please attach professional evidence where appropriate e.g. a letter from a doctor.

16. Will the child who is subject of this appeal have any siblings attending this school at the date of entry? If so, please complete the following:-

Name	Date of Birth	Month and Year of Admission

C. SCHOOL ALLOCATED

17. At which school has your child been offered a place?

18. Why are you dissatisfied with this school?

19. Are there any travel/accessibility problems?

20. Have you visited the school offered or discussed with the head teacher/teacher what the school at which a place has been offered has to offer? Yes/No

D. RELIGIOUS COMMITMENT

If you claim active parental commitment to any faith as part of your case, please complete this section.

21. Name of place of Worship you attend (eg named Church, Mosque)

22. How frequently do you attend? (eg weekly, monthly, major festivals)

23. For how long has this been your pattern of worship?

E. OTHER

24. Are there any other factors you wish to be considered?

The following information is sought for statistical purposes only, please tick the appropriate category for your child:

ETHNIC ORIGIN

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Black – Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<i>(Please Specify)</i>	_____
Black – African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>		
Black – Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		

Signed _____

Date _____

Please feel free to attach additional sheets to this form, if you wish the Appeal Panel to consider this as part of your submission. If you have any difficulty in completing this form or submitting your appeal, the Clerk to the Governors will be pleased to assist you.

PLEASE COMPLETE AND RETURN THIS FORM TO THE PREFERRED SCHOOL