**Guidance Information**

1. Please use block letters and write in black or blue ink as this form will need to be photocopied.
2. Once completed please submit this form either by post or email to the following; **Post:** F.A.O Clerk to the Independent Appeals Panel, c/o Alvaston Moor Academy, Brackens Lane, Alvaston, Derby, DE240AN

**Email:** [appeals@archwaytrust.co.uk](mailto:appeals@archwaytrust.co.uk)

1. Appeals should be made within 20 school days of the date of the decision letter.

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION A – CHILD’S DETAILS** | | | |
| **Legal Surname:** |  | **Legal Forename:** |  |
| **Date of Birth:** |  | **Sex:** |  |
| **Address:** |  | | |
| **Postcode:** |  | | |
| **Name of Current School:** |  | | |
| **Name of School Offered:** |  | | |
| **Please indicate the entry date and year group you are appealing for below** | | | |
| Yr 7 September Entry  In-Year Immediate Entry | | **Year Group:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION B – PARENT/CARER DETAILS**  *Please provided details of a person with parental responsibility who can be contacted regarding the appeal.* | | | |
| **Title:** | Mr Mrs Ms Miss Dr Other | | |
| **Relationship to Child:** |  | | |
| **Surname:** |  | **Forename:** |  |
| **Address:** |  | | |
| **Postcode:** |  | | |
| **Home Phone:** |  | **Mobile:** |  |
| **Email:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION C – WAIVER OF 10 SCHOOL DAY NOTICE PERIOD**  *You are legally entitled to 10 school days’ notice of the date your appeal is to be heard. However in some cases an Independent Appeal Panel may have already been established to hear other appeals for the Archway Learning Trust, meaning that it may be possible for the panel to hear your case sooner.* | | | | | | |
| I understand that I am formally entitled to at least 10 school days’ notice of the date, time and place of the hearing but, I would like my child’s appeal to be heard as soon as possible and so **I waive my right to be given 10 school days’ notice.** | | | | | | |
| **Signed:** | |  | | **Date:** | |  |
| **SECTION D – ATTENDANCE AT THE APPEAL HEARING**  *You do not have to attend the appeal hearing but you are strongly advised to do so wherever possible, you may also bring along a friend, family member or representative with you. If you are unable to attend you may nominate a representative who can attend the appeal on your behalf* ***(This person must be someone you are happy for the panel to discuss your appeal with and will have access to copy of the appeal paperwork relating to your case).*** | | | | | | |
| **Will you\* be attending the hearing?** *\*the person listed in Section B* | | | | | No, I will not  Yes, I will | |
| **Will you be bringing along a friend or representative to the hearing?** | | | | | No, I will not  Yes, I will | |
| Please provide details below of all those who will be attending the hearing with you, including any other parent/carers who will be attending. If you **will not** be attending please indicate if the person named has your permission to attend the hearing and represent on your behalf. *(Children are strongly discouraged from attending the hearing)* | | | | | | |
| **Full Name:** | | | **Relationship to Child:** | | | **Permission to attend and represent on behalf of parent/carer:** |
| R1 |  | |  | | | YES / NO |
| R2 |  | |  | | | YES / NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION E – REASONS FOR APPEAL & ADDITIONAL EVIDENCE**  *Please set out below attaching additional pages if necessary or in a separate attached letter your reasons for appealing for a place at Bluecoat Aspley Academy. Please also attach any additional documents, information or evidence you wish to submit to the panel to support your case.* | | | |
|  | | | |
|  | | | |
| **SECTION F – PARENT/CARER DECLARATION** | | | |
| I declare that the information contained in this Notice of Appeal is correct, to the best of my knowledge, at the date of writing. | | | |
| **Parent/Carer Signature:** |  | **Print Name:** |  |
| **Relation to Child:** |  | **Date:** |  |
|  | | | |
| **GDPR PRIVACY STATEMENT**  This information will be stored securely and is subject to the UK GDPR 2016 as well as The Data Protection Act 2018. All information collected is confidential and may only be accessed by those with a valid lawful basis to use it. We may share the information you provide with trusted third parties such as the Local Authority, Independent Appeals Panel Clerk, members of the appeal panel and the Education & Skills Funding Agency (EFSA) where necessary to fulfil legal obligations. Your personal data will be retained for no longer than necessary to achieve the intended purpose. If you withdraw consent for the processing defined in this form we will stop processing it in this way but may still retain the data for other reasons, such as where it is needed to perform a public task or to fulfil our legal obligations. For further information, please see our ALT Data Protection FOI Policy available at [www.archwaytrust.co.uk/about-us/policies/](http://www.archwaytrust.co.uk/about-us/policies/). | | | |