



## Appeal Application Form In Year Appeals

**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.

Full Name of Student							
Please indicate ( ✓ ) Year Group Admission	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/Guardian						Title	
Address of Parent / Guardian (if different from above)							
Contact Telephone Numbers	Day				Evening		
Email Address							

**This appeal form should be returned to the:**

Clerk of the Appeals Panel, c/o Miss A Ralph, Brooke Weston Academy, Coomb Road, Great Oakley, Corby. NN18 8LA, aralph@brookeweston.org

**Grounds For Appeal (to be completed by Parent / Guardian)**

*If necessary, please continue on a separate sheet and attach any supporting evidence to this form.*

Signature (Parent / Guardian)

Date of Submission of Appeal

**Year 7 & Year 12 only** – If the appeal is NOT upheld please place student on the Waiting List held until 31<sup>st</sup> December

<b>Yes</b>		<b>No</b>	
<b>Yes</b>		<b>No</b>	
<b>Yes</b>		<b>No</b>	
<b>Yes</b>		<b>No</b>	

Please indicate if you intend to be present at the Appeal

Please indicate if you require Disabled Access

Please indicate if you require the facilities of a Language / Sign Interpreter

*Please state requirements*

**Dated:**

**Signature of Parent/Carer:**

For Office Use Only									
Date Appeal Form sent to Parent / Guardian									
Date Appeal Form Received									
Year Group Admission	7	8	9	10	11	12	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 31 <sup>st</sup> 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 / Guardian informed of decision									

### Comments