

Request for an Admission Appeal to join Strood Academy

Please complete all boxes, incomplete boxes or insufficient information could result in a delay in this form being processed. Please complete the form in BLOCK CAPITALS

Legal Forename of Student:		Legal Surname of Student:	
Date of Birth:		Year Group:	
Name of Parent/Carer:		Home Address: Including postcode	
Telephone number		Email address	
Please confirm you have legal parental responsibility	Yes	No	Please confirm that all parties with legal parental responsibility, agree with this change of school
Please give contact details of all parties who hold Legal Parental Responsibility			
Name		Email Address	
Address		Mobile	

For Looked After Children Please give the following information			
Social Workers name		Local Authority responsible for child	
Social Workers contact details			
Does the Student have siblings currently on the roll of the Academy, if yes please give details			
Please indicate if this Student took the Strood Academy Fairbanding test		Yes	No

<u>PLEASE STATE CLEARLY YOUR REASONS FOR APPEAL:</u>

Please continue on a separate sheet if required

Does this Student have an EHCP, or any Special Educational Needs that the panel should be aware of, if yes please give details

Current or last school attended and dates on roll.

To ensure that you are able to access, all the information that we provide during the appeals process: Please tell us if you would like us to provide a translator, for the appeal hearing, and if so the language required.

We are committed to making our admissions process as easily accessible as possible, and will do our best to accommodate your request.

Declaration of Parent/Carer

The information I have provided on this form is correct and true to the best of my knowledge. I understand that if, at a later date, any of the information is found to be incorrect I may lose any place allocated to my child.
I give permission for the school to process all the information given in accordance with the admissions criteria and processes and to share this information with the local authority.

SIGNED..... Parent / Carer

PRINT NAME Date.....

<p>Admissions</p> <p>Strood Academy</p> <p>Carnation Road</p> <p>Strood</p> <p>Kent ME2 2SX</p>	<p>Or via email to</p> <p>info@stroodacademy.org</p>
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Privacy Notice:

**Leigh Academies Trust is the data controller for all information provided and gathered for the purposes of this appeal. All information will be held according to the Privacy Policies of the Leigh Academies Trust and these are available to view via this link
<http://www.leighacademiestrust.org.uk/privacypolicy/>**

Please note:

- **Additional/supporting information and evidence may be submitted with this form in support of your appeal.**
- **Your appeal will be dealt with by an independent appeals panel. You will receive a confirmation from the Academy that your form has been received and it will then be sent onto the Appeals Clerk who will contact you directly in due course. The panel will not be able to process the appeal, without the reasons why you are requesting the appeal, please ensure that you have completed this section.**