Tel: 01274 089780 – Option 7

Please ask for Admissions & Appeals

Ref: AppealFormLtr

Date as postmark

Dear Parent/Carer

Please find enclosed an Appeal Form, as requested.

Enclosed with the form is some legal information and frequently asked questions about the appeals process; please read these carefully.

Completed forms should be returned to the address below on or before ***Wednesday 29 March 2023***.

Clerk to the Appeals Panel

c/o Lewis Building, Dixons City Academy

Ripley Street

BRADFORD

BD5 7RR

Alternatively, forms can be e-mailed to: appeals@dixonsacademies.com

Yours sincerely

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**Naila Nasir**

**Trust Administrator**

Encs

**APPEAL FORM**

**PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM**

1. You can only make an appeal for a school you have applied to and named as a preference on the local authority’s online system or Common Application Form.
2. You should complete this form if you wish to appeal against the decision of the Academy not to admit your child to the school of your preference.
3. Please complete the form in BLOCK CAPITALS using a **black** pen, completing all sections of the form in full.
4. Written evidence is helpful in support of your appeal. For example, if one of your reasons relates to your child’s health, you should provide photocopies of letters from your child’s consultant or paediatrician explaining your child’s condition.

You should attach any written evidence to your completed appeal form and send it to the address below before the hearing. If you do not have all the documents available when submitting your form, you can submit additional documents up to five days before the hearing.

Any documents submitted should be photocopies and not the originals.

1. You will be sent further details about the hearing itself once a date has been arranged.
2. If you have any queries or require any further information, please ring 01274 089780 – option 7 to speak to the Appeals Coordinator.

This form will be acknowledged within seven days; if you do not receive an acknowledgement, please telephone the number above to check that your form has been received.

Please note, copies of the appeal form and any written evidence will be passed on to the independent appeal panel members, the clerk to the appeal panel and the presenting officer/s for the academy before the appeal hearing takes place. Following the hearing the copies will be securely destroyed, however, the originals have to be retained for a minimum of two years and will be securely stored within the academy in line with our GDPR policy.

If you are returning your form by post, please check that you use the correct postage amount for the size of envelope, as forms can be delayed due to incorrect postage paid. If you are sending confidential information by post, we strongly recommend using the ‘Signed For’ service at the Post Office to ensure safe delivery and avoid documents being lost.

Please submit your completed form to:

**The Clerk to the Appeals Panel, c/o Lewis Building, Dixons City Academy, Ripley Street, Bradford, BD5 7RR**

Or send it via email to: **appeals@dixonsacademies.com**

Deadline date: **Wednesday 29 March 2023**

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**APPEAL FORM**

*For office use only Ref* no: ………………………………………..

Date received: …………………………………………………………… Acknowledgement sent: …………………………..

**PLEASE COMPLETE BOTH OF THE FOLLOWING PARTS (1 AND 2) SO THAT YOUR APPEAL CAN BE PROCESSED**

***The deadline for return of this form is Wednesday 29 March 2023 to the address given overleaf.***

*Please note that a separate form should be completed for each Dixons academy you are appealing for*

|  |  |  |
| --- | --- | --- |
| **PART 1 – DETAILS** |  | |
| Please state the name of the Dixons academy you are appealing for: | |  |
| Your details: Mr / Mrs / Ms / Miss / Other \* | *\*delete as appropriate* | |
| Parent/Carer surname: | Parent/Carer forename: | |
| Your address: | Permanent address of your child (if different): | |
|  |  | |
|  |  | |
|  |  | |
| Postcode: | Postcode: | |
| How many years/months have lived at this address? |  | |
| Daytime Tel No: | Other Tel No: | |
| E-mail address: |  | |
|  |  | |
| Child's surname: | Child’s forename: | |
| Child's age: | Child’s date of birth: | |
| School allocated to your child (if applicable): | | |
| School your child currently/last attended: | | |
| Which schools did you list as a preference on the Council In-Year Common Application form (ICAF)?  (this information will enable the panel to deal with your appeal more efficiently) | 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

***PLEASE TURN OVER***

**PART 2 – REASONS FOR APPEAL**

Please state these as fully as possible, continuing on a separate sheet of paper if necessary, and enclose any additional documentation that you might feel relevant (see note 4 on covering page).

|  |
| --- |
| Grounds for appeal |
|  |
| Evidence included with this appeal form (please list below the documents you are submitting copies of): |
|  |

Do you need an interpreter at the appeal? Yes / No (Please delete as appropriate)

If yes, please state what language &/or dialect they should speak: ………………..…………………………………….

I declare that the information given is correct and complete. Please note that giving false information on this form may result in the withdrawal of any place offered.

Signed: ………………………………………………………………………….. (Parent/Carer)

Date: …………………………………

*Please post/return your completed form to:*

**The Clerk to the Appeals Panel, c/o Lewis Building, Dixons City Academy, Ripley Street, Bradford, BD5 7RR**

*Or e-mail it to:* [***appeals@dixonsacademies.com***](mailto:appeals@dixonsacademies.com)