

Admission Appeal

This form should be completed by an adult with parental responsibility for the child.

By submitting this information and returning it via email you agree that all information enclosed is true, accurate & complete.

This form will be included in the information pack for the Appeal Hearing.

Please save and return to admissions@diamondlearningtrust.com

(for postal returns: Admissions Team, Winhills Primary Academy, Off Duck Lane, St.Neots, Cambs. PE19 2DX)

First and Middle Name(s) <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>
Date of birth (dd/mm/yyyy) <input style="width: 90%;" type="text"/>	Gender <input style="width: 90%;" type="text"/>
Address where child usually lives:	
House Name/No. and Road	<input style="width: 95%;" type="text"/>
Town /Village	<input style="width: 95%;" type="text"/>
County	<input style="width: 95%;" type="text"/>
	Postcode <input style="width: 80%;" type="text"/>
If your child lives part time at another address, please provide details:	
	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	Postcode <input style="width: 80%;" type="text"/>
How is your child's time divided between the two addresses?	
Current /Last School: <input style="width: 90%;" type="text"/> (if applicable)	Current Year Group: <input style="width: 90%;" type="text"/>
Does your child have an Education, Health and Care Plan? <input style="width: 90%;" type="text"/>	

2. Your Details

Title:	<input type="text"/>	Last Name	<input type="text"/>
Initials:	<input type="text"/>		
Relationship to child:	<input type="text"/>		
Address (if different from above)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode	<input type="text"/>	
Tel No. (Home)	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		

3. Other Adult(s) with Parental Responsibility

Title:	<input type="text"/>	Last Name	<input type="text"/>
Initials:	<input type="text"/>		
Relationship to child:	<input type="text"/>		
Address (if different from above)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode	<input type="text"/>	
Tel No. (Home)	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		

4. School Place Offered

Which school has your child been offered?	<input type="text"/>
If you have selected other please state school name and County:	<input type="text"/>

Have you visited or contacted the **offered** school and discussed with the Headteacher what it is they have to offer

5. Documentation/Additional Information

If you would like the Appeal Panel to see any documents in respect of your appeal, please enclose copies of these or send separately to the address at the top of this form. **NOTE:** If you have stated any reasons of a medical, social or welfare nature, please attach professional evidence where appropriate, e.g. a letter from a doctor. Please also complete the 'reasons for appealing' box below.

Reasons for Appealing