

BLUECOAT BEECHDALE ACADEMY

Notice of Appeal Against Refusal to Admit

Year 7 Intake for September 2022



Guidance Information

- This form should be completed in black or blue ink and returned either by post or email to the following...
Post: F.A.O Clerk to the Independent Appeals Panel, c/o Bluecoat Beechdale Academy, Harvey Road, Nottingham, NG8 3GP **Email:** office@bluecoatbeechdale.co.uk
- This form should be completed and submitted to the academy **by Monday 28th March 2022.**

SECTION A - CHILD'S DETAILS			
Legal Surname:		Legal Forename:	
Date of Birth:		Gender:	
Address:			
Postcode:			
Current Primary:		Secondary Place Offered:	

SECTION B - PARENT/CARER DETAILS <small>(Please provide details of person with parental responsibility who can be contacted regarding the appeal)</small>								
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>	Relationship to Child:	
Surname:			Forename:					
Address:								
Postcode:								
Home Phone:				Mobile:				
Email:								

SECTION C - COVID 19 (CORONAVIRUS) UPDATE					
<p>To ensure that the stage two appeal hearings are as accessible as possible for all, should stage two be reached the following options for your appeal to be heard will be offered; in person (with social distancing measures in place), video conference, or telephone conference. Please identify below, in order of preference 1-3, which format you would prefer to have your appeal heard in, 1 being your highest preference and 3 being your least. <i>Please be aware this is only an initial question to support in scheduling provisional hearing dates/times and that you will be asked to formally confirm your choice further in the process.</i></p>					
Order of preference 1- 3 for Stage Two Hearing					
In Person:		Video Conference:		Telephone Conference:	

SECTION D - REASONS FOR APPEAL

Please use the space below to explain the reasons you wish to appeal

Large empty rectangular area for writing reasons for appeal.

Continue on a separate sheet if necessary and attach to this form

Parent/Carer Signature:		Print Name:		Date:	
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