

All Saints Academy Plymouth Admissions Appeal Form

Please complete and return to: All Saints Academy Plymouth, Pennycross, Plymouth. PL5 3NE

Child's Family Name: _____ Date of Birth: _____ Boy/Girl

Child's First Name: _____ Year Group appealing for: _____

Present School: _____ Date of Leaving: _____

Current Address: _____

New address (if appropriate): _____

If you are moving or have moved house, please provide proof of new address (Tenancy Agreement, household bill)

Is the child **"Cared for"** by the Local Authority (in public care)? Yes/No (delete as appropriate) If yes, please state which Local authority and provide a contact number:

Does your child have a **Statement** of Special Educational Needs? Yes/No (delete as appropriate)

Is your child permanently excluded from school? Yes/No (delete as appropriate)

Your full name: _____ Mr/Mrs/Miss/Ms/Dr (delete as appropriate)

Your relationship to child: _____
(please specify – mother/father/carer/other etc.)

Current Address (if different from child's address)

Do you intend to be at the appeal hearing? Yes/No (delete as appropriate)

Do you have any special requirements? Yes/No (delete as appropriate) (Wheelchair access/hearing problems?) If yes, please state requirement:

Contact telephone number: _____ Email Address: _____

I wish to appeal against the decision not to allocate a place for my child at All Saints Academy,
Plymouth

Signed: _____ Date: _____

Please return form to: Clerk to the Governors
All Saints Academy Plymouth
Pennycross
Plymouth
PL5 3NE

Telephone: 01752 705131
email: admissions@asap.org.uk