



**APPEAL FORM  
FOR ADMISSION TO  
BRINE LEAS SCHOOL  
An Academy**

Please note:

**Our Admissions policy follows the Local Authority and our Academy status does not affect this policy.**

- If you are appealing for more than one child please complete a separate form for each child and each appeal.
- **Please complete this form in black ink.** (To enable legible photocopying to be produced)

<b>BRINE LEAS SCHOOL</b>							<b>Year Group for which you are appealing</b>		
<b>CHILD DETAILS</b>	Surname:			Forename:					
	DOB	Day	Month	Year	GENDER	(please circle) M / F	CURRENT YEAR GROUP		
School currently attending / last school attended:									
Date child left (if applicable):									
							Yes ✓	No ✓	
Is this child a Looked After Child eg. In Foster Care?									
Does your child have a Statement of Special Educational Needs?									
Is your child permanently excluded from school?									

<b>Appellant's names:</b> (parents, guardian or carer) <b>Title:</b> Mr / Mrs / Miss / Ms / Dr (Please Circle)		
Relationship of appellant to child – (please specify - parent/guardian/carer/other)		
Do you intend to be present at the appeal hearing?		Yes / No (please circle)
Current Address:-	Address in Cheshire to which you are moving:- (if applicable)	
POST CODE:	POST CODE:	Date of Moving:
<b>Telephone contact numbers:-</b>		
<b>E-mail:</b>		

**For office use only**

Date received	
Confirm PAN reached	
Logged on system	

Child's Catchment School	
Presenting Officer	
Processed by	

Do you have any other school aged children?  
If so indicate their names, ages and schools they attend.

Name	Date of Birth	Name of Child's present school

Please state your reasons for seeking a place at this school (e.g. moving into area/domestic arrangements etc). If you are stating medical, psychological or social reasons **PLEASE ENSURE THAT PROFESSIONAL EVIDENCE IS ATTACHED** e.g. a letter from a doctor stating the medical reasons which require your child to attend **this particular school**.

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*(Continue on a separate sheet if necessary)*

I wish to appeal against the decision of Brine Leas School not to allocate a place for my child.

Signed: ..... Date: .....

**Please return this form to:**  
**Brine Leas School Admissions**  
**Audlem Road**  
**Nantwich**  
**Cheshire**  
**CW5 7DY**

**Tel: 01270 625663**  
**Email: admissions@brineleas.co.uk**