

This appeal must be submitted within 20 working days from the postage date of the decision letter.

If your child has an Education, Health and Care Plan you must contact the Special Educational Needs Team on 01522 553332.

Appeals will be heard within 40 school days of the deadline for block appeals, or 30 school days for in year appeals. Please inform the school your child has been allocated if you have a pending appeal and you do not wish to start until the result is known

Please complete this form and return to enquiries@havenhigh.net. Once returned you will receive a written acknowledgement of this form within 5 working days. If you do not receive this, please contact the school.

Please use block letters and write in black ink or ballpoint pen, or typed

School you are appealing for:			
Name of child who is the subject of the appeal:			
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth:	
School child currently attends:			
If your child has been offered a place at an alternative school, please tell us below:			
Contact details of person appealing on behalf of the child:			
Full name:			
Relationship to child:			
Address:			
Postcode:			
Home phone number:			
Work phone number:			
Mobile phone number			
Please note - If your telephone will not accept anonymous calls we will not be able to contact you by telephone regarding this appeal.			
Email address:			
Child's address if different:			
Postcode:			



If you are moving house, please give details of your new address below. If you are likely to change address between the date you send in your admission appeal form and the date you wish your child to start at the school, please read carefully the section in School Admission Appeals A Guide for Parents and Carers headed Moving House.

New address:		
Postcode:		
Status of move: (Please provide evidence for any of the above e.g. a copy of the exchange of contracts. This should be a photocopy)	Tenancy agreement signed	<input type="checkbox"/>
	Exchanged contracts	<input type="checkbox"/>
	Forces posting	<input type="checkbox"/>
	Moving in with partner or relatives	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Details of the move, including dates:		

Other children living in the same household under 19 years of age:			
Name	Date of Birth	Current School	Have you applied before?



If you have appealed for a Lincolnshire school before please give details including dates:

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You are legally entitled to ten school days notice of the date of your appeal. Sometimes we can hear an appeal more promptly if you agree to give up or “waive” this right.

Do you waive your right to 10 school days notice? Yes No

Have you received a letter refusing your child a place at this school? If yes, please attach a copy. Yes No

Or was this a verbal refusal? Yes No

Will you be attending the appeal? Yes No

Please indicate below any dates when you are not available to attend. We will try to avoid these dates when arranging the appeal. However appeals for Reception and Year 7 intake are planned in advance and cannot be changed.

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If you will have someone accompanying you, please give their details:

Name of person accompanying you:

Their address:

Their relationship to the child:

If you are not attending, will anyone represent you at the appeal? Yes No

Name, address and organisation (if applicable) of the person representing you:

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Do you require an interpreter; there will be no charge for this service? Yes No

If yes which language? Please state dialect if relevant

Do you require the services of a signer, there will be no charge for this service? Yes No

Please state below if you have any mobility issues so that suitable arrangements can be made.

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Reason for appeal

Please give the reasons why you want a place for your child at the school. Please attach securely, copies of any supporting documents e.g. medical certificates. The panel can consider anything that you feel is relevant, but may be restricted by the infant class size regulations when they make their decision (see School Admission Appeals A Guide for Parents and Carers)

Please continue on a separate sheet if necessary and securely attach to this form.
Any supporting information should be photocopies of the original where possible.



Please give contact details of any other person who has parental responsibility for the child.
Give their full name, address, telephone number and relationship to the child:

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Do you provide consent for us to contact this person?

Please note if you state no we may contact you for further details.

Yes No

Declaration, please tick:

I declare that I am the parent of or have parental responsibility for the child who is the subject of this appeal.

Signed:

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Date:

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Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this school appeal. The information will be shared with the School Admissions Team and Haven High Staff, for the purposes of arranging your appeal only. Haven High will meet its requirements under the Data Protection Act in processing your data.