

BLUECOAT ASPLEY ACADEMY

Notice of Appeal Against Refusal to Admit

In-Year for academic year 2020-2021



Bluecoat Aspley
believe in yourself, in others, in God

Guidance Information

1. 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 Archway Learning Trust, Aspley Lane, Nottingham, NG8 5GY **Email:** appeals@archwaytrust.co.uk
2. If you have applied to and are also appealing for a place Bluecoat Wollaton Academy and your case is the same as you're appeal to Bluecoat Aspley, please write 'Bluecoat Wollaton' at the top of this form, and your appeal will be considered for both academies without the need to complete two separate appeals forms. If your case for appeal is different for each academy then please continue to complete both the Bluecoat Aspley and Bluecoat Wollaton notice of appeal forms which can be found on the academies websites.
3. This for should be completed and submitted within 20 school days of receiving the notification of refusal.

SECTION A - CHILD'S DETAILS			
Legal Surname:		Legal Forename:	
Date of Birth:		Gender:	
Address:			
Postcode:			
Current School:			

SECTION B - PARENT/CARER DETAILS <small>(Please provided 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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