



# Secondary School Admission Appeal

This form should be completed by an adult with parental responsibility for the child. **By submitting this information and returning it via email you agree that all information enclosed is true, accurate and complete.** This form will be included in the information pack for the Appeal Hearing.

Please save and return to [col-admissions@coleridgecc.org.uk](mailto:col-admissions@coleridgecc.org.uk)

(for postal returns: Admissions Team, c/o Coleridge Community College, Radegund Road, Cambridge CB1 3RJ)

**First name (in full)**  **Surname**

**Date of birth (dd/mm/yy)**  **Gender**

**Address where child usually lives**

House name / no. and road	<input type="text"/>
Town / village	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>

**If your child lives part time at another address, please provide details.**

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

**How is your child's time divided between the two addresses?**

**Current / last School**  **Current Year Group**   
(if applicable)

**Does your child have a statement of Special Educational Needs?**

## 2. Your Details

**Title**  **Surname**

**Initials**  **Relationship to child**

**Address (if different from above)**

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

**Tel no. (home)**  **Other contact no.**

**Email address**

### 3. Other Adult(s) with Parental Responsibility

Title  Surname

Initials  Relationship to child

Address (if different from previous page)   
  
  
Postcode

Tel no. (home)  Other contact no.

Email address

### 4. School Place Offered

What school has your child been offered?

Have you visited or contacted the **offered** school and discussed with its headteacher what it is they have to offer.

### 5. Admission Appeal

I wish to appeal against the decision not to meet my preference for my child to attend (select name of school / college appealing for).

If you would like the Appeal Panel to see any documents in respect of your appeal, please enclose copies of these or send separately to the address on page one of this form. **NOTE:** if you have stated any reasons for a medical, social or welfare nature, please attach professional evidence where appropriate, e.g. a letter from a doctor. Please also complete the 'reasons for appealing' box below.

**Reasons why I am appealing**

**Reasons why I am appealing – continued**

[Large empty rectangular box for providing reasons for appeal]

**Any person(s) with parental responsibility must sign and date this form.**

**Signature**

**Dated**

**Relationship to child**

**Signature**

**Dated**

**Relationship to child**