

APPEAL FOR ADMISSION TO ORMISTON SHELFIELD COMMUNITY ACADEMY

Year 7 September 2024

DATA PROTECTION STATEMENT

The information collected on this form will be used by the independent appeals panel in support of your appeal. The form will be circulated to members of the panel prior to the appeal hearing. The information will be retained for 2 years.

Please complete sections 1 to 7 – section 8 is optional

1. Please complete your child's personal details (in BLOCK CAPITALS)

Child's First Name _____ Child's Surname _____

Date of Birth _____ Male Female

Current Home Address _____

_____ Post Code _____

Name of Present School _____

2. Is Sheffield listed as a preference on your Local Authority Application Form?
Yes No

Are there siblings already attending the academy?
Yes No

If Yes, please give details below;

Child's Name _____ Year Group _____

Child's Name _____ Year Group _____

3. Has your child got a statement of Special Educational Needs?
Yes No

If yes, please enclose the appropriate evidence.

5. Appeals will be held virtually (Microsoft Teams meeting) during the working day on Thursday 13th June 2024. Do you wish to attend the appeal hearing in person?

If you do not wish to attend the hearing in person, the appeal panel will consider the written evidence provided in your absence.

Yes

No

6. Do you wish to bring along a witness/representative?

Yes

No

If yes, please provide details:

Name: Mr / Mrs / Miss _____

Relationship to child _____

7. Please sign below

Signature of Parent/Carer _____ Date _____

Print name clearly _____

Contact phone number _____

Contact email address _____

(the link to the virtual appeal meeting on Microsoft Teams will be sent to this address)

Relationship to child _____

Do you require 10 days notice of the appeal hearing date?

Yes

No - I waive my right to 10 days notice of the appeal hearing date

Please return this form to:

**Clerk to the Appeals
Ormiston Sheffield Community Academy
Broad Way
Pelsall
Walsall
WS4 1BW**

8. This section is optional. It will not affect your appeal if you choose not to complete it. This information will be used to help us monitor the impact of our services.

How would you describe the ethnic group of your child? Please tick ONE box

WHITE

- British
- Irish
- Traveller or Irish Heritage
- Gypsy or Roma
- Any other White background

ASIAN or ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

BLACK OR BLACK BRITISH

- Black Caribbean
- Black African
- Any other Black background

CHINESE and OTHER GROUPS

- Chinese
- Any other Ethnic background

- I do not wish an ethnic group to be recorded

Do you consider that your child has a disability as defined by the Disability Discrimination Act 1995* (please tick ONE box)

- Yes** **No** **I prefer not to answer this question**

* a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.