

**MID-YEAR APPEAL FORM**

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| **YEAR 7 8 9 10 11 12**  *(please circle the appropriate year group)* |

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**

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| **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. 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. |

**4. Grounds of Appeal**

Please set out the reasons for your appeal; use a continuation sheet if necessary and attach it securely to this form.

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| **5. Appeals will be held virtually (Microsoft Teams meeting) during the working day. Do you wish to attend the meeting?**  If you do not wish to attend the meeting in person, the appeal  panel will consider the appeal on the written evidence provided. **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Appeals will be held during the working day. Do you require 10 days notice of the appeal hearing time?**  **Yes No -** I waive my right to 10 days notice of the appeal hearing time |

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| **Please return this form by email or post:**  [**Postbox@SCAcademy.co.uk**](mailto:Postbox@SCAcademy.co.uk)    **Clerk to the Appeals**  **Ormiston Shelfield 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 ASIAN or ASIAN BRITISH**

British Indian

Irish Pakistani

Traveller or Irish Heritage Bangladeshi

Gypsy or Roma Any other Asian background

Any other White background

**MIXED BLACK OR BLACK BRITISH**

White and Black Caribbean Black Caribbean

White and Black African Black African

White and Asian Any other Black background

Any other Mixed 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**

No

\* 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.