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| Date Lodged and Verified | |
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BRADFORD DISTRICT SCHOOL ADMISSION APPEALS

PLEASE READ THE ENCLOSED GUIDANCE NOTES AND THE NOTES BELOW BEFORE COMPLETING THE FORM

1. This form is to be used to appeal against the decision of the Bradford Local Authority or Admission Authority not to admit your child to your preferred school within the Bradford Metropolitan District.
2. If the reason for the appeal is because of a house move, you must provide proof which proves residency such as a council tax bill or utility bill. You should also include a solicitor's letter confirming exchange of contracts or a rental agreement. You should attach these papers to the appeal form or send them by the deadline date which you will be notified of by the Clerk to the Appeals Panel.
3. If your appeal is based on other reasons that can be supported by professional recommendations, such as a hospital consultant, paediatrician or social services, you must attach it to this form or send it by the deadline date. If you provide such documentation on the day, it may not be considered at the appeal.
4. You will be sent further details about the appeal hearing, once a date has been arranged. If you have any queries or require any further information, please telephone the Admissions Team on **01274 439200**.
5. If you would like us to acknowledge receipt of the appeal form, please enclose a stamped addressed envelope.

Please note a copy of the appeal form and any supporting information will be passed on to the relevant admission authority and to the independent appeal panel members before the appeal hearing is scheduled.

Please post your completed form to: Admissions Team, Dept of Children's Services, Margaret McMillan Tower, Princes Way, Bradford, BD1 1NN or email it to schoolappeals@bradford.gov.uk

PART 1 - DETAILS

| | | | |
|--|--|---|--------------------|
| Your details: Mr/Mrs/Ms/Miss/Mx* | | | |
| Surname: | | Forename: (parent/guardian) *delete as appropriate | |
| Your address: | | Permanent Address of your child (if different): | |
| | | | |
| | | | |
| Postcode: | | Postcode: | |
| How long has your child lived at this address? | | | |
| Daytime phone: | | Evening phone: | |
| Email: | | Mobile phone: | |
| 1. Child's Surname: | | Forename: | Male/Female |
| 2. Child's Surname: | | Forename: | Male/Female |
| Your child's age: | | Date of Birth: 1. | 2. |
| Current/last school: | | Date last attended: | |
| School allocated/offered for your child: (MUST COMPLETE) | | | |
| School(s) you want to appeal for: (Please note that you can only appeal for schools that you have applied for) | | | |
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| | | | |
| | | | |

PLEASE TURN OVER.....

PART 2 - FOR MONITORING PURPOSES PLEASE INDICATE YOUR CHILD'S ETHNIC ORIGIN

(Please tick as appropriate)

WHITE

British Irish Traveller of Irish Heritage Gypsy/Roma Other White Background

SHARED HERITAGE

White & Black Caribbean White & Black African White & Asian Other Mixed Background

ASIAN or ASIAN BRITISH

Indian Mirpuri Pakistani Other Pakistani Bangladeshi Other Asian Background

BLACK or BLACK BRITISH

Caribbean African Other Black Background

OTHER

Chinese Any Other Ethnic Background I do not want my ethnic category recorded

PART 3 – REASONS FOR APPEAL

Please state these as fully as possible, continuing on a separate sheet of paper if necessary, and enclose any additional documentation that you might feel relevant (See note 2 and 3 overleaf).

Bradford Metropolitan District Council is committed to compliance with the requirements of the General Data Protection Regulation and the Data Protection Act 2018. Further information about how we process your information can be found on the Council's privacy notice including contact details for the Council's Data Protection Officer: www.bradford.gov.uk/privacy-notice. A paper copy of this information is available on request.

DECLARATION. I declare that I have parental responsibility for the child(ren) named overleaf and the information given is true and complete to the best of my knowledge and belief.

Signed

Date