

ADMISSIONS APPEAL FORM for Bridge Learning Campus

Section 1: Your Appeal

For which year group has your child been refused a place?	
On what date did you apply for a school place? (the date you inserted on your original application form)	
What is the date of the refusal decision letter issued to you by the Admissions Authority?	

For Trust Use Only	Insert the date on which the admission application to which this appeal relates was received	
	Insert the date on which this Appeal Form was received	

Section 2: Your Child's Details (the child who is the subject of this appeal)

Legal Name	First Name	Middle Name(s)

Date of Birth: Day/Month/Year	
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Registered Nationality	
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Is your child <u>currently</u> on the roll of a UK school?	Yes	No
If 'Yes' please provide the name of the school		
When did he/she last attend school? Month/Year:		

Is your child <u>currently</u> a 'Looked After Child'? A child in the care of a Local Authority?	Yes	No
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Does your child have a Statement of Special Educational Needs or Education Health and Care Plan issued by a Local Authority?	Yes	No
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Does your child have siblings <u>currently</u> attending this school? A sibling definition applies which is set out in the published Admissions Arrangements If 'Yes' you may choose to provide sibling details as part of your response in Section 4	Yes	No
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Amplify Education, Trust House, Teyfant Road, Bristol BS13 0RF T 0117 462 0499 E info@ampedu.co.uk

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Please enter the address at which your child lives for the majority of his/her time			
How long has he/she lived at this address?		Months:	Weeks:

Are there currently and shared residency arrangements?	Yes	No
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Section 3: Your Details (the person submitting this appeal)

Surname	Forename	Mr/Mrs/Miss/Ms/Other

Your relationship to this child	Parent	Carers	Other
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Do you live at the same address as your child you are appealing on behalf of?	Yes	No
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If 'No' then please provide your full address for communication purposes		

Landline Telephone Number	Mobile	Email Address

Section 4: Your appeal against the decision to refuse admission

Is your intention to be present in person at your appeal hearing?	Yes	No
A hearing will be scheduled to take place within 30-40 school days of receipt of this appeal form.		
If you intend that another person represents you or accompanies you to the hearing, please provide their name(s) and status		
Name	Status	

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Please explain why you are appealing against the decision to refuse your child a place at the school. You, or our representative(s) will have the opportunity to present your case at the appeal hearing and to expand on the information you set out below:

5. Declaration and Signature

In signing this declaration, you confirm that

The information that I have provided on this Appeal Form is honest and no intended to mislead in any way	
The information provided on this Appeal Form may be shared by the Admissions Authority for the purpose of responding to any points I have set out and for the preparation of my appeal hearing, subject to the Data Protection Act 1988.	
(a) I am entitled to make this appeal as I am the legal Parent/Carer of the child concerned (b) I have the appropriate consent from the legally responsible party to make this appeal on their behalf	
Signature of Appellant:	Date:

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