

**BOSTON HIGH SCHOOL ACADEMY APPEAL FORM**

If your child has a Statement of Special Educational Needs and you wish to appeal against the decision not to offer your child a school place, you must contact the Special Educational Needs Team on 01522 553332. This form is only appropriate if your appeal is for Boston High School Academy.

You have been sent two copies of this form: one is for you to complete and return to Boston High School, the other copy is for you to complete and keep. Please refer to the enclosed School Admission Appeals – A Guide for Parents and Carers when completing this form. If you have any queries or require further copies of this form or the Guide for Parents and Carers, please do not hesitate to contact us on 01205 310505.

Once returned you will receive a written acknowledgement of this form. If you do not receive this please contact us.

**Please use block letters and write in black ink or ballpoint pen.**

School you are appealing for:

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Name of child who is the subject of the appeal:

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Gender:      Male       Female       Date of birth: .....

School child currently attends: .....

If your child has been offered a place at an alternative school, please tell us below:

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Contact details of person appealing on behalf of the child:

Full name: .....

Relationship to child: .....

Address:.....

.....Postcode.....

Home phone number:.....

Work phone number:.....

Mobile phone number:.....

Please note - If your telephone will not accept anonymous calls we will not be able to contact you by telephone regarding this appeal.

Email address:.....

Child's address if different:

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.....Postcode.....





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Please continue on a separate sheet if necessary and securely attach to this form. Any supporting information should be photocopies of the original where possible.

Please give contact details of any other person who has parental responsibility for the child. Please read the section in the Guide for Parents and Carers headed Parental Responsibility. (Please give full name, address, telephone number and relationship to the child):

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Do you provide consent for us to contact this person? Yes  No

Please note if you state no the we may contact you for further details.

**Declaration, please tick:**

- I declare that I am the parent of the child who is the subject of this appeal. Please read the section in the Guide for Parents and Carers headed Definition of a parent for further information.
- I declare that the information contained in this Appeal Form is correct as at the date of writing, to the best of my knowledge.
- I declare that I have received, read and understood the Guide for Parents and Carers.

Signed: .....Date: .....

Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this appeal. The outcome of the appeal will be shared with the School Admission Team and yourself. Boston High School Academy will meet its requirements under the Data Protection Act in processing your data.