

Boughton Heath Academy will consider children regardless of ability or aptitude. We are a non-selective school.

If you are appealing for more than one child please complete a separate form for each child and each appeal.

CHILD DETAILS	Surname:		Forename:	
	Date of birth:		Male / Female (please delete as appropriate)	
School currently attending / last school attended:				
Date child left (if applicable):				
			Yes ✓	No ✓
Is the child 'Looked After' by a local authority (in public care)? If yes, please state which local authority and provide a contact number:				
Does your child have a Statement of Special Educational Needs?				
Is your child permanently excluded from school?				

Appellant's names: (parent/guardian/carer) Mr/Mrs/Miss/Ms/Dr/Other		
Relationship of appellant to child: (please specify - parent/guardian/carer/other)		
Do you intend to be present at the appeal hearing? Yes / No		
If yes, do you intend to be accompanied and if so by whom?		
Have you any special requirements i.e. wheelchair access/hearing problems? Yes/No		
If yes please give details overleaf.		
Current Address:	New Address if you are moving:	
Post code	Post code	
Email address:	Email address:	Date moving:
Telephone contact numbers:		

For office use only

Date received	
Confirm PAN reached	
Logged on system	
Acknowledgement letter	

Child's Catchment School	
Presenting Officer	
Passed to legal	
Processed by	

Do you have any other school aged children?
If so indicate their names, ages and schools they attend.

Name	Date of birth	Name of child's present school

Please state fully your reasons for seeking a place at this school. If you are stating medical, psychological or social reasons please ensure that professional evidence is attached, for example a letter from a doctor or professional stating the medical or social reasons which require your child to attend this particular school

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(continue on a separate sheet if necessary)

Any other specific needs (give details):

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I wish to appeal against the decision of Boughton Heath Academy not to allocate a place for my child.

Signed: **Date:**

Please return this form to: Boughton Heath Academy
Becketts Lane
Chester
CH3 5RW