Barr Beacon School

APPEALS FOR ADMISSION TO BARR BEACON SCHOOL SEPTEMBER 2027

1. **Please complete your child's personal details**

First Name of Child _____ Last Name of Child _____

Boy or Girl _____ Date of Birth _____

Current Home Address _____

_____

_____ Post Code _____

Present School _____

2. **Please Complete the below as appropriate**

Parent/Carer Name (Print clearly): _____

Mobile Contact: _____

Email Address: _____

Signature: _____

Date: _____

3. **Grounds of Appeal**
Please set out the reasons for your appeal. Use an additional sheet if necessary and attach it securely to this form.

Have you attached an additional sheet? YES NO

4. **Is Barr Beacon School listed as a preference on your Local Authority Application Form?**

YES ☐ NO ☐

5. **Has your child got an Education, Health & Care Plan (EHCP)?**

YES ☐ NO ☐

6. **Do you wish to attend the appeal in person? Please tick box**

YES ☐ NO ☐

7. **If you are attending the appeal in person and intend to be represented or to call witnesses please state below the name of your representative(s) and/or witnesses**

Name of Representative	Title Mr/ Mrs/Miss	Forename	Surname

Name of Witness	Title Mr/ Mrs/Miss	Forename	Surname

8. **Do you require 10 days notice of the appeal hearing date? (Please delete as appropriate)**

YES

NO - I confirm that I waive my right to 10 days notice of the appeal hearing date

9.

Have you attached any reports or letters from professionals that you wish to be put before the Panel in support of your appeal? If so, please list them below and attach them securely to this form.

E.g. Letter from Consultant/GP etc.

You may submit additional information any time up to the hearing but please note if you do provide anything new too close to the hearing dates, which the panel think may be significant, the panel may need to adjourn to allow all parties the opportunity to consider it.

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 independent appeals panel prior to the appeal meeting.
This information will be retained for 2 years.

Return this form to:

Clerk to the Appeal Panel, Barr Beacon School, Old Hall Lane, Aldridge, Walsall, WS9 0RF.