

Admission appeal form for Leeds schools

Please read these notes before filling in this form.

You should fill in this form if you want to appeal against our decision not to offer your child or children a place at the school you prefer.

We will send you more details about the appeal hearing once we have arranged a date.

We will acknowledge that we have received your form within seven working days. If you do not receive an acknowledgement, please phone 0113 222 4414 to check we have received your form.

Please post your filled-in form to: PO Box 837, Admissions Team, Leeds City, [LS1 9PZ](#)

Please include any documents that support your appeal.

Section 1 - (Please use CAPITAL LETTERS and black ink.)					
	First name	Last name	Date of birth	Boy or Girl	
First Child					
Second Child					
Your title (Mr, Mrs, Miss, Ms): Your name:			If you will need an interpreter at the appeal hearing tell us what language.		
Your child's permanent address and postcode			Your address and postcode (if different)		
			E-mail address:		
How long has your child lived at this address?			Daytime telephone number:		
Does your child have a statement of special needs education? Yes <input type="checkbox"/> No <input type="checkbox"/>					
The school that your child currently goes to:			The school that your child has been offered a place at:		
The schools that I am appealing for in order are:					
First child			Second child		
Preference 1			Preference 1		
Preference 2			Preference 2		
Preference 3			Preference 3		
Preference 4			Preference 4		
Preference 5			Preference 5		
Appeal Received	Appeal Acknowledged	Reference Number	Year Group	Class size of 30	Interpreter / Language

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Section 2 - Reasons for your appeal

Please give your reasons as fully as possible. Continue on a separate piece of paper if necessary. Send us any evidence you feel might be relevant.

Reasons for preference 1

Reasons for preference 2

Reasons for preference 3

Reasons for preference 4

Reasons for preference 5

Data Protection Act 1998

Under the Data Protection Act 1998, we must tell you about the following. By signing this form you are giving us permission to use the information you give us to deal with your appeal against the decision not to offer your child a place at your preferred school. This will involve giving your information to Governance Services of Leeds City Council. We may also use the information you provide for monitoring and research purposes.

Declaration

I give you permission to use the information I have given on this form. I understand that you will use it within the local authority and that you will meet your responsibilities under the Data Protection Act 1998.

Your Signature: Date: _____

Relationship to the child: _____

If you give false information on this form, we may withdraw any place that we have offered your child.

Section 3 - (optional) - This section is for monitoring purposes only. Please tick the ethnic origin of your child.

1 White British		9 Chinese		17 Any other mixed background	
2 White Irish		10 Mixed white Asian		18 any other ethnic group	
3 Any other white background		11 Other Asian		19 Traveller or Irish heritage	
4 Indian		12 Black Caribbean		20 Gypsy Roma	
5 Kashmiri Pakistani		13 Mixed white black Caribbean		21 Refused to answer	
6 Other Kashmiri		14 Black African		22 White Eastern European	
7 Other Pakistani		15 Mixed white black African		23. White Western European	
8 Bangladeshi		16 Any other black background			