

St Michael's Church of England High School 'Jesus grew in wisdom and stature' (Luke 2:52)



Admissions Appeals Form 2025

1) Name of Child:	2) Date of Birth:
3) Permanent Home Address:	4) Parent/Carer/Guardian Details Title: MR MRS MISS MS
	First Name:
	Surname:
5) Contact details for Parent/Carer/Guardian	
Home Tel No:	Mobile Tel No:
Daytime/Work Tel No: B	Email address:
6) Child's Primary School:	
7) School(s) Offered:	
8) Does your child currently have an Education Health & Care Plan? Please tick: Yes No	
9) I/We wish to formally appeal against the decision of the Authority not to offer a place for my child at:	
School(s)	
10) My/Our grounds for appeal are as follows: (The School Standards & Framework Act 1998 requires the grounds for your appeal to be in writing. Please continue on a separate piece of paper if necessary)	
11) Information for the Appeal Hearing	
Will you require the Authority to arrange an interpreter or signer for you? Yes No If yes, please give details including language	
If you have a disability and will need assistance for the hearing please give details:	
Please give any dates on which you would not be available to attend an appeal hearing:	
Dates:	
 12) DECLARATION BY PARENT/CARER/GUARDIAN I declare that all of the information on this form and associated documents is true to the best of my knowledge and belief. If a house move or change of address applies, I have enclosed the relevant evidence (a letter from your solicitor confirming the date on which contracts were exchanged and signed together, with the date of removal. If you are renting a property, please provide a copy of your tenancy agreement. In either case a copy of your current Council Tax bill would be required. 	
SIGNATURE:	DATE:
Full name(s) of Parent/Carer/Guardian:	

PLEASE RETURN THIS FORM TO: smh.admin@ldst.org.uk Clerk to the Governors, St Michael's C of E High School, St Michael's Road, Crosby, Liverpool, L23 7UL