



St Michael's Church of England High School

'Jesus grew in wisdom and stature' (Luke 2 : 52)



Admissions Appeals Form 2024

1) Name of Child: _____		2) Date of Birth: _____	
3) Permanent Home Address: _____		4) Parent/Carer/Guardian Details Title: MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> First Name: _____ Surname: _____	
5) Contact details for Parent/Carer/Guardian Home Tel No: _____ Mobile Tel No: _____ Daytime/Work Tel No: _____ 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 <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/> 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 <ul style="list-style-type: none">▪ 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: _____ (BLOCK CAPITALS PLEASE) <p style="text-align: center;">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</p>			