



MID-YEAR APPEAL FORM

YEAR 7 8 9 10 11 12

(please circle the appropriate year group)

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 panel prior to the appeal hearing. The information will be retained for 2 years.

Please complete sections 1 to 7 – section 8 is optional

1. Please complete your child's personal details (in BLOCK CAPITALS)

Child's First Name _____ Child's Surname _____

Date of Birth _____ Male Female

Current Home Address _____
_____ Post Code _____

Name of Present School _____

2. Are there siblings already attending the academy?

Yes No

If Yes, please give details below;

Child's Name _____ Year Group _____

Child's Name _____ Year Group _____

3. Has your child got a statement of Special Educational Needs?

Yes No

If Yes, please enclose the appropriate evidence.

4. Grounds of Appeal

Please set out the reasons for your appeal; use a continuation sheet if necessary and attach it securely to this form.

Have you attached a continuation sheet to this form?

Yes No

Please list any other documents you have attached to this form:

5. Do you wish to attend the appeal hearing in person?

Yes No

6. If you will be attending and plan to bring along a witness/representative, please state their name below

Name: Mr / Mrs / Miss _____

7. Please sign below as appropriate

Signature of Mother/Carer _____ Date _____

Print name clearly _____

Contact phone number _____

Signature of Father/Carer _____ Date _____

Print name clearly _____

Contact phone number _____

Contact email address: _____

(this will be used if we have to arrange a 'virtual' appeal meeting on Microsoft Teams)

Do you require 10 days' notice of the appeal hearing date?

Yes No I waive my right to 10 days' notice of the appeal hearing date

Please return this form to:

Clerk to the Appeals
Brownhills Ormiston Academy
Deakin Avenue
Brownhills
WS8 7QG

8. This section is optional. It will not affect your appeal if you choose not to complete it. This information will be used to help us monitor the impact of our services.

How would you describe the ethnic group of your child? Please tick ONE box

WHITE

- British
- Irish
- Traveller or Irish Heritage
- Gypsy or Roma
- Any other White background

ASIAN or ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

BLACK OR BLACK BRITISH

- Black Caribbean
- Black African
- Any other Black background

CHINESE and OTHER GROUPS

- Chinese
- Any other Ethnic background
- I do not wish an ethnic group to be recorded

Do you consider that your child has a disability as defined by the Disability Discrimination Act 1995* (please tick ONE box)

Yes

No

I prefer not to answer this question

* a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.