Caistor Grammar School

If your child has an Educational Health Care Plan and you wish to appeal against the decision not to offer your child a school place, you must contact the Special Educational Needs Team at the Lincolnshire Local Authority. This form is only appropriate if your appeal is for Caistor Grammar School.

Please return this Notice of Appeal to Mr Marcus Croft, Deputy Headteacher, at Caistor Grammar School, Church Street, Caistor, Lincolnshire LN7 6QJ or scan your documents and return via email to marcus.croft@caistorgrammar.com If you have any queries please do not hesitate to contact Mr Marcus Croft, who is in charge of Admissions.

Once returned you will receive an email acknowledgement within 48 hours. If you do not receive this then please contact Marcus Croft.

Please use block letters and write in black ink/ballpoint pen or you can type on the document, *please amend where appropriate.

School you are	e appealing for: Caistor Grammar	School
Name of child	who is the subject of the appeal:	
Gender:	*Male/Female/Other	Date of birth:
School child c	urrently attends:	
•	·	rnative school, please tell us below:
	s of person appealing on behalf o	
Full name:		
Relationship to	o child:	
Address:		
		Postcode
Home phone r	number:	
Work phone n	umber:	
Please note -		nonymous calls we will not be able to contact you by
Email address	:	
Child's addres		
		Doctoodo

address between the date yo	ou send in this	form and t		your child	to start at the S	_	
			Postcode				
Status of move: *Moving in with partner or re (please provide evidence for a photocopy)	latives *				*Exchanged contracts *Other of contracts. This should be		
Details of the move, including	g dates:						
Other children living in the sa	ame househol	d under 19	years of age:				
<u>Name</u>	Date of birtl	<u>h</u>	Current schools	<u>s</u>	Have you app before?	<u>ealed</u>	
					*Yes/No		
					*Yes/No		
					*Yes/No		
Please give details including	dates of any p	previous ap	peals:				
You are legally entitled to 14	days notice o	of the date y	our appeal is to	be heard.			
Do you agree to less than 14 Have you received a letter/e If yes, please attach a copy.	mail refusing y			*Yes ool *Yes	s/No s/No		
Or was this a verbal refusal?					*Yes/No		
Will you be attending the appeal?					*Yes/No		
Please indicate any dates w arranging the appeal. Howev changed.	•			•			
If attending the hearing, will	anyone accom	npany you?		*Ye	s/No		
Name and address of person	n accompanyir	ng you:					
The investor is a state of the state.							
Their relationship to the child	J:						

*Yes/No
esenting you:
free of charge if required. *Yes/No
of charge if required. *Yes/No
gements can be made.
school to which this appeal relates, nformation. Please attach securely,

Please continue on a separate sheet if necessary and securely attach to this form. Any supporting information should be photocopies of the original where possible.
Please give contact details of any other person who has parental responsibility for the child. (Please give full name, address, telephone number and relationship to the child):
Do you provide consent for us to contact this person? *Yes/No
Please note if you state no the School Appeals Team may contact you for further details.
Declaration: I declare that I am the *parent/guardian of the child who is the subject of this appeal. I declare that the information contained in this Appeal Form is correct as at the date of writing, t the best of my knowledge.
Signed:Date:
Return this form to Mr Marcus Croft at Caistor Grammar School or scan the document and return to marcus.croft@caistorgrammar.com by 19 th April 2024

Data given on this form will be stored securely and will be used solely for the purpose of processing this appeal. The information will be shared with the independent panel, the School Admission Team and the Legal Services Team for the purposes of arranging your appeal only. Caistor Grammar School will meet its requirements under the Data Protection Act in processing your data.