

## Admission Appeal Form for The South Leeds Academy

**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/children a place at the academy.

You will be sent more details about the appeal hearing once a date for the hearing has been arranged.

We will acknowledge your appeal form within three working days of receipt. If you do not receive an acknowledgement, please phone 0113 2127147 to check we have received your form.

Please post your completed form to: Mr R Burton, The South Leeds Academy, Old Run Road, Belle Isle, Leeds, LS10 2JU

*Please include any documents which support your appeal.*

<b>SECTION 1 (Please use CAPITAL LETTERS and black ink)</b>				
	First Name(s)	Last Name	Date of birth	Male/Female
Appeal for: (child's name)				
Your name: (Mr, Mrs, Miss, Ms, Dr)		If you need an interpreter tell us which language		
Your child's permanent address and postcode:		Your address and postcode if different:		
How long has your child lived at this address?				
Email address:		Daytime phone number		
Please state: does your child have a statement of special needs?      Yes      No				
The school that your child currently is on roll at:		The school that your child has been offered a place at:		

**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 extra evidence you feel might be relevant**

**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 representatives of the Governing Body and relevant officers at the academy as well as Education Leeds. 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 relevant personnel within the academy and Education Leeds will use it as required.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

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

Appeal received	Appeal Acknowledged	Reference Number	Year Group	Appeal Form received





The South Leeds Academy  
Old Run Road / Leeds / LS10 2JU  
**T: 0113 212 7147 / F: 0113 276 0936**  
**E: [info@tsla.org.uk](mailto:info@tsla.org.uk) / W: [www.tsla.org.uk](http://www.tsla.org.uk)**  
Principal: Mr Marc Doyle BSc(Hons) NPQH



Growing Minds,  
Growing Futures