L.E.A.D. Academy Trust
Lead • Empower • Achieve • Drive

Date rec'd	Year Group

ADMISSION APPEAL FORM

IMPORTANT: Please complete in black ink

Preferred School	
Requested Date of Admission	

PUPIL DETAILS

Pupil Surname		Date of Birth	Day	Month	Year
Pupil First Names(s)			Male / Female*		
Pupil Home Address	Postcode				
School Offered or Current School					

PARENT/CARER DETAILS

Title	First Name	Surname
Relationship to Child		
Home Address (if different from the child's)	Postcode	
Home ☎	Work ☎	Mobile ☎
Email address		

REASONS FOR APPEAL

Please explain the reasons for your appeal on the box below
(Continue on a separate sheet and attach any supporting information as appropriate)

ADDITIONAL INFORMATION

Do you require any access arrangements for the appeal hearing?	
Will you require the services of an interpreter?	
If so, what language do you require?	
Date:	
Signed:	

This form should be fully completed and sent by email to admission@leadacademytrust.co.uk
Remember to attach any supporting information you have.

This appeal form will be acknowledged on receipt. If you do not receive any acknowledgment within 10 days, please contact LEAD Academy Trust on 0115 8225440