

Appeal Against Admission Decision

To be completed by the parent or carer

This form can only be used for these year groups

Year 3	Year 4	Year 5	Year 6	
Year 7	Year 8	Year 9	Year 10	Year 11

Primary (Years 3 to 6) and Secondary aged pupils

Child's first name(s):	Family name: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's date of birth:	Name(s) of parent(s) or carer(s):
Contact address:	Title: Name:
.....	Contact telephone:
.....	Title: Name:
..... Postcode:	Contact telephone:
Contact Email address	
School currently or previously attended:	

Statement by parent(s) or carer(s)

Please include any social or medical reasons that you feel are relevant to your case for gaining a place at this particular school. If you have social or medical reasons, these should be supported with appropriate documentation from a qualified person (doctor, social worker and so on).

I wish to appeal against the decision not to offer my child a place at

School because

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Please continue overleaf if required. **Please turn over.**

Received by Admissions Team

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Received by Stephen Payne

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Please return this form to:

The Admissions Team
The Hackney Learning Trust
Hackney Technology & Learning Centre
1 Reading Lane
London
E8 1GQ

Telephone: 020 8820 7397/7398

Note: This form is valid for appeals for **Primary schools (Years 3–6) and Secondary schools.**

If hand delivered to HLT as for Receipt completion below:

Your appeal form has been received by:

(to be signed by the Admissions officer receiving the form)

Name of Child _____

Date of Birth / /

HLT Stamp