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Please write CLEARLY
in BLACK INK



Appeal Against an IN YEAR Admission Decision

To be completed by the parent or carer. This form must be returned by within 20 school days of the decision by the Academy Trust not to offer a place.

Child's first name(s): Family name: Male 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:
 E mail address:.....

School offered by your Local Authority:

Reasons for your appeal: statement by parent(s) or carer(s)

You **MUST** give your grounds on this form. Please include reasons you consider are relevant including any social or medical matters. If you have social or medical reasons, these should be supported with appropriate documentation from a qualified person (doctor, consultant, social worker and so on). This documentation should be sent with this form. **ADDITIONAL** documentation must be sent to the Clerk of the Appeal Panel at least a week before the hearing. Please send to the address below.

Mossbourne Community Academy is a high achieving academy but does not select on the basis of ability. Consequently, the panel are likely to give low weighting for academic ability. A copy of this form and any evidence is copied to all panel members. However, documents such as certificates, newspaper articles and artwork will not be copied to all panel members but will be seen by panel members during the hearing. Your appeal will be heard within 30 school days of its receipt by the Clerk.

The appeals code states that you MUST give your reasons for your appeal in writing; please use the space below. Your appeal may be rejected if you do not offer your grounds.

I wish to appeal against the decision not to offer my child a place at Mossbourne Community Academy because

.....

Please continue on page 2 if required. **Please sign and date this form on page 2.**

Please return this form to:
 MCA Admission Appeals
 PO Box 367,
 Cuffley,
 Herts EN6 4XZ
Telephone: 01707 695252
Or email: clerk@educationappeals.com

Received by Education Appeals

Appeal Against Admission Decision, continued

Reasons for your appeal: statement by parent(s) or carer(s), continued

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Have you appealed before? Yes No. If **yes**, please give the name(s) of the schools and the year(s).

Name of school (1): Year of appeal:

Name of school (2): Year of appeal:

Will you need an interpreter to help you at the appeal hearing? Yes No

If **yes**, can you bring a friend or family member to interpret for you? Yes No

Experience has shown that family or friends make the best interpreters.

If you are **unable** to bring a friend or family member, we can provide an interpreter.

If so, which language do you speak?

Are you willing to receive less than 10 working days' notice of the hearing Yes

Are there days, dates or times when you cannot attend a hearing? Please give details:

.....

Signature of parent or carer:

Name in **BLOCK CAPITALS** Date:

Please tick: Mother Father Legal guardian Other, please specify: