

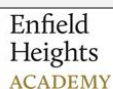



Appeal against admission decision

Before completing this form, it is important that you read the DfE 'Advice for parents and guardians on school admission appeals'.

www.gov.uk/government/publications/admission-appeals-for-school-places/advice-for-parents-and-guardians-on-school-admission-appeals

It should be noted that appeals will be considered against the school admissions criteria as opposed to any personal circumstances which parents / carers may feel are appropriate

Please complete this form clearly (and in block capitals if using a paper version)

Please tick the academy to which your appeal relates:-			
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

PART 1. Information about your child

Child's family name or surname			
Child's first name(s)			
Gender (please tick):	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth: <input style="width: 100px;" type="text"/>
School currently attending or last attended			
<input style="height: 20px;" type="text"/>			
School your child has been allocated a place at			
<input style="height: 20px;" type="text"/>			
Name of parent(s) / guardian(s) – please specify which			
<input style="height: 50px;" type="text"/>			
If you are the child's guardian, please specify your relationship with the child			
<input style="height: 50px;" type="text"/>			
Home address:	<input style="height: 40px;" type="text"/>		
Postcode:	<input style="width: 100%;" type="text"/>		
Mobile	<input style="width: 100%;" type="text"/>	Home	<input style="width: 100%;" type="text"/>
e-mail	<input style="width: 100%;" type="text"/>		

PART 2. Reasons for your appeal

Before completing your reason for appealing, it is important to remember that an appeal panel can only uphold an appeal based on the very strict conditions laid out in the Department for Education's School Admissions Appeal Code.

<https://www.gov.uk/government/publications/school-admissions-appeals-code>

Please attach additional sheets as necessary (preferably using A4 paper).

PART 3. Attending the panel

Please tick / complete as appropriate

<input type="checkbox"/>	I do not wish to attend in person				
<input type="checkbox"/>	I wish to attend in person				
<input type="checkbox"/>	I wish to be accompanied by a friend / relative (please specify below)				
Their name:					
Home address:					
Postcode:					
Telephone contact details					
Mobile		Home		Work	
e-mail					

PART 4. Signature

Please sign and date this form

Signature of parent / guardian	
Date:	

If someone else filled out this form on your behalf, please provide their name below:	
Their name	
Their signature	

Please return this form and any supporting or additional information to the office of the appropriate academy. Full contact details can be found on the final page of this form.

Enfield
Heights
ACADEMY

Enfield Heights Academy
1-3 Pitfield Way, Enfield, Middlesex EN3 5BY
020 8805 9811
heights@northstartrust.org.uk

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ACADEMY

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