

**EDUCATION ADMISSION APPEAL
 NOTICE OF APPEAL FORM**

Please read **A Guide to Education Admission Appeals** before completing this form.

I am appealing for a place at: **Paxman Academy** and would like my child to start:

(Date) _____

Child's full name: _____

Male or Female: _____ Date of Birth: _____

My name (*Mr. Mrs. Miss, Ms other*): _____

My relationship to the child is (*parent, guardian, relative*): _____

Current address (*including Post Code*): _____

I am in the process of buying/renting a new property. I attach a copy of a letter from my solicitor/copy of my tenancy agreement confirming my new address and the date on which I expect to move in.

Contact details:

Telephone (home): : _____ Work: _____

Mobile: _____

Email: (*please write clearly*) _____
(if you supply an email address we will acknowledge your application by email)

My child currently attends (*name of school*): _____

My child is currently in year group: _____

My child has been offered a place at: (*name of school*) _____

To begin in year group: _____

Please list the schools you have applied for:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Please tick one of the following boxes to indicate attendance at the appeal hearing:

- I will attend the appeal hearing:
- I will not be able to attend the appeal hearing but someone will attend on my behalf
- I will not be able to attend the appeal hearing and understand that the panel will base their decision on my written reasons and evidence:

Representation

I wish my representative to put the case to the appeal hearing Yes/No

He/she is representing me in a legal capacity Yes/No

Representative's name: _____

Representative's address: _____

Telephone Number: _____

I will not accompany my representative at the hearing Yes/No

Please tick the box if you are happy to waive your rights to 10 school days' notice of your appeal hearing. This may enable us to timetable your appeal earlier than otherwise expected.

- I am happy to waive my rights:
- I am not happy to waive my rights:

I will need a signer or an interpreter who speaks the following language at the appeal hearing:

- Signer
- Interpreter Please state language _____
- I have a disability and need the following adjustments made at the venue:

Reasons for appeal: (*you must complete this section*):

- Give full reasons for your appeal and continue on a separate sheet if necessary.
- Attach any additional paperwork securely.

Declaration:

All information given is correct to the best of my knowledge and I am the person with parental responsibility for the child named on this form.

Signed _____

Date _____

If you are producing additional paperwork, please list it below:

<u>Description of paperwork</u>	<u>Attached</u>	<u>Sending later</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Please return your completed form marked **Private and Confidential** to:

Clerk to the Governing Committee
Paxman Academy
Paxman Avenue
Colchester
CO2 9DQ

We cannot be held responsible for forms that are lost in the post, sent or delivered to other locations.