

LANGLEY ACADEMY PRIMARY
INDEPENDENT APPEAL PANEL
ADMISSION APPEAL FORM

This form can only be used when a formal application has been made and admission refused in writing.

| | | | | |
|-------------------|----------------------|--------------------------|----------------------|-------------------|
| <i>Office use</i> | <i>Date received</i> | <i>Date acknowledged</i> | <i>Appeal Ref No</i> | <i>Year Group</i> |
|-------------------|----------------------|--------------------------|----------------------|-------------------|

THIS FORM WILL BE PHOTOCOPIED- PLEASE COMPLETE USING BLACK INK

| | | | |
|--|--|---|-----------------------|
| CHILD'S FIRST NAME (S) | | CHILD'S SECOND NAME (FAMILY NAME) | |
| DATE OF BIRTH | MALE/FEMALE | DOES YOUR CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS? YES/NO | |
| IS YOUR CHILD LOOKED AFTER BY A LOCAL AUTHORITY? | | | YES/NO |
| DOES OR WILL YOUR CHILD HAVE SIBLINGS AT THE LANGLEY ACADEMY (PRIMARY OR SECONDARY) AT THE REQUESTED ADMISSION DATE? If so then please provide details below. | | | |
| NAME OF SIBLING | DATE SIBLING JOINED THE / WILL JOIN THE LANGLEY ACADEMY PRIMARY OR THE LANGLEY ACADEMY | | CURRENT YEAR GROUP |
| | | | |
| | | | |
| PARENT/ GUARDIAN DETAILS | | | |
| TITLE | INITIAL(S) | SURNAME | RELATIONSHIP TO PUPIL |
| ADDRESS | | | POSTCODE |
| TEL No: WORK: HOME: | | MOBILE: | EMAIL: |
| DO YOU INTEND TO BE PRESENT AT THE APPEAL HEARING? YES/NO | | IF A REPRESENTATIVE WILL ATTEND ON YOUR BEHALF PLEASE GIVE THEIR NAME | |
| IF YOU REQUIRE A TRANSLATOR TO BE PRESENT AT THE HEARING IT IS RECOMMENDED THAT YOU BRING A FRIEND OR RELATIVE (Please contact the Clerk if you require advice regarding translation). | | I WILL/ WILL NOT BRING A TRANSLATOR TO THE HEARING | |
| The Clerk to the Independent Appeal Panel will give you at least 14 days notice of the hearing date unless you are willing to have a shorter notice period. If you <u>are</u> in agreement that the 14 days notice period may be waived then please sign below. I <u>confirm</u> that I am willing to accept less than 14 days notice of hearing: | | | |
| PRINT NAME | | SIGNATURE | |

PLEASE GIVE YOUR REASONS FOR APPEAL BELOW (Add separate sheet if necessary).

Please attach any letters/ evidence to this form where applicable.

SIGNATURE

DATE.....

This form must be posted (ensure you affix correct postage stamp) to: Clerk to the Appeal Panel, PO Box 3710, Wokingham, RG40 9RH. PLEASE DO NOT SEND FORMS DIRECT TO LANGLEY ACADEMY PRIMARY.

Note-for appeals for entry to Reception, September, 2021, the Clerk should receive the form by **17th May, 2021**. Appeals received after this date may not be heard with appeals received by the deadline. 'In year' appeals for current Reception class and other year groups should be submitted as soon as possible after a place has been refused.

Please contact the Clerk if you do not receive acknowledgement of receipt of your appeal within 7 days.
If you have any questions about the appeal process, please contact the Clerk to the Independent Appeals Panel: tel 07941 805714