

APPEAL APPLICATION FORM

This admissions appeals form should be completed and returned to Compass Academy Trust at admin@compassacademytrust.co.uk by no later than 15th May 2020.

Name of School to which a place has been refused and for which the appeal is being made:

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Section 1: Candidate Details

Child's Surname:	Forename:
Date of Birth:	For Entry into Year:

Section 2: Parent(s)/Carer(s) Details

Name(s) Parent(s)/Carer(s):	
Address:	
Town/County:	Postcode:
Tel. Home:	Tel. Mobile:
Email Address:	

Section 3: Appeal Hearing Arrangements

Require an interpreter?	If yes, please state language:
Require any special access arrangements:	If yes, please state requirements:
I/We wish to appear in person at the hearing:	Yes/No
Dates you will be unavailable for a hearing:	

Section 4: Parent/Carer Appeal Statement

You may, if you prefer, type your response on plain paper, please ensure you clearly state the pupil's name on each page and that the statement is signed and dated. Please state your reasons as clearly as possible. You may continue your statement on additional sheets which should be attached to this form together with any other supporting evidence.

I/We wish to appeal against the decision not to offer my/our son/daughter a place at _____ because:

Signed: _____ Parent(s)/Carer(s)

Date: _____