APPEAL AGAINST ADMISSION DECISION

Please complete in **BLOCK LETTERS AND BLACK INK or TYPE**

I/We wish to appeal against the decision of the Governors of Skinners' Kent Academy not to offer my child a place at the school.

1	Full name of your child								
2	Date of birth:	Date			Month			Year	
3	Title (please tick)	Mr		Mrs		Ms		Other	
	Full name of parent(s) or guardian(s)	:							
4	Relationship to child	Parer	Parent		ardian	Other Please state			
5	Home address:								
		I	Postcode						
6	Home telephone number:								
7	Mobile telephone number:								
8	E mail address:								
9	Name of school offered/allocated:								
10	Does your child have a disability?	Ye	s		No		Tie	ck approp	oriate box)
11	I wish to attend my appeal in perso If no, do you wish the appeal to be heard using the information on this appeal form	n Ye Ye			No No				
12	and accompanied papers? Name and capacity of other persons who will accompany you to the hearing	J.							
13	Please tell us if you have a disability and need assistance or have any other concerns regarding access.								
14	If you need an interpreter, please bring a friend/relation as we find that people you know make better translators.		Bringing friend/relative		/No/ llicable	If school to provide interpreter. Which language?			
15	Does your child currently have a statemen of Special Educational Needs?	^t Y	Yes			No			
16	Are there any days of the week when you would not be able to attend a hearing?								
17	Are you happy to receive less than 14 day notice of your hearing.	^S Y	′es				No		
Office use only Date Received					Ack sen	t E/P			

than the sci carers".	1001 Ottered? Pl	ase refer to the lea	filet "Admission A	met by attending this school ra ppeals – a guide for parents an	a

RETURN THIS FORM TO

Appeals Administrator PO Box 367, Cuffley, Herts, EN6 4XZ or clerk@educationappeals.com

Declaration and Signature of Parent/Carer

- Having been refused a place at the school name overleaf, I wish to exercise my right of appeal under the School Standards & Framework Act 1998.
- I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.

Signed:

Date: