

Please read 'Admissions Appeals Procedure' before completing this form.

## ORMISTON SUDBURY ACADEMY NOTICE OF APPEAL FORM

**I am appealing for a place at:**

and would like my child to start: *(date)*

**Child's full name:**

**Male or Female** *(delete as appropriate):*

**Child's date of birth:**

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

**My relationship to the child is** *(parent, carer, 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):

Telephone (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 or nursery)*

**My child is currently in year group:**

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

- **If** your appeal is for an in - year refusal, you must state on which grounds you are appealing from the following:
  - A.** The admission arrangements did not comply with admissions law or were not correctly and impartially applied and the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied; or
  - B.** The decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.
- In **all** cases, give full reasons for your appeal and continue on a separate sheet if necessary.
- Attach any additional paperwork securely.

Refer to 'Admissions Appeals Procedure'.

**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 else will attend on my behalf:

I will not be able to attend the appeal hearing and understand that the panel will base its decision on my written reasons and evidence:

Please tick the box if you are happy to waive your rights to 10 academy 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 bring a signer, or an interpreter who speaks the following language at the appeal hearing. *You have to be attending the appeal hearing.*

.....

I have a disability and need the following adjustments made at the Academy:

.....

Please list additional information either included or to be sent at a later date:

	<u>Attached</u>	<u>Send later</u>
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....

**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 .....

Please return your completed form to:

**Private and Confidential**  
**The Principal**  
**Ormiston Sudbury Academy**  
**Tudor Road**  
**Sudbury**  
**Suffolk**  
**CO10 1NW**

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