

**NOTICE OF ADMISSION APPEAL**

**Please complete the form in black ink, sign and return with any attachments to**

**admissions@reachacademy.org.uk** **or to Catherine Tobin, Admissions Team, Reach Academy .53-55 High Street Feltham TW13 4AB.**

**We/I wish to appeal against the decision not to provide education for my/our child at Reach Academy Feltham**

|  |  |
| --- | --- |
| Child’s Surname |  |
| Child’s Forename(s) |  |
| Date of Birth  |  |
| Year Group Appealing for |  |

|  |  |
| --- | --- |
| Parent(s)/carer(s) name |  |
| Home address & Postcode |  |
| Telephone numbers | Home |  |
| Work |  |
| Mobile |  |

|  |  |  |
| --- | --- | --- |
| We / I will be attending the hearing  | **YES** | **NO** |
| We / I will be accompanied by a representative  |  |  |
| Wheelchair access required |  |  |
| Language/Hearing/ Interpreter required |  |  |
|  |  |  |
| Representative’s name |  |
| Representative’s address  |  |
| Representative’s telephone number  |  |

**Note: You will receive notification from the Clerk as to the date and time of the appeal. If you do not attend the hearing your appeal will be decided on the information provided by this form.**

|  |  |  |
| --- | --- | --- |
| We/I agree to less than 14 days’ notice of the appeal hearing**Note: This may help us to slot in late applications for appeal**   | **YES** | **NO** |

|  |
| --- |
| **Please use this space to explain your grounds for appeal (continue onto a separate sheet if necessary)** |

|  |
| --- |
| **Please list any attachments sent with this form** |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| For School use: |
| Date Received |  |
| Address verified  |  |