

School Admission Appeal Form
Key Stage 2
Years 3, 4, 5 and 6

Please complete all sections of this form in BLOCK CAPITALS using black ink.

Which school within the ELT Partnership are you appealing for? _____

Which year group are you appealing for? _____

Information about your child

First Name _____ Surname _____

Home Address _____

Postcode _____ Date of birth _____ Is your child a boy or a girl? _____

The ELT Partnership will send all correspondence to the address you have provided for your child.

Information about you

The ELT Partnership assumes that any appeal lodged is with the agreement of all adults with parental responsibility for the child. Do you have parental responsibility for the child named above? **Yes/No**

Mr/Mrs/Ms/ Dr First Name _____ Surname _____

Please delete as appropriate

Telephone: Daytime _____ Evening _____

Email address: _____

Information we need to help us to arrange your appeal hearing

- Will you be attending the appeal hearing? **Yes / No**
- Would you like us to contact you to discuss any particular needs that we need to be aware of when arranging your hearing, for example relating to a disability? **Yes / No**
- If you are bringing someone with you to the hearing, please tell us their name and relationship to you

- If you need one, can you bring an interpreter with you? **Yes / No / Not applicable**

- If we need to arrange an interpreter for you, what language do you speak?

To avoid waste of public money, if you have asked for an interpreter but find you no longer need them, for example because a friend or relative can assist you, please telephone to let us know as soon as you can.

Notice of your appeal hearing date

The Clerk to the Appeal Panel is normally required to give you at least 10 school days' notice of the date for your appeal hearing, however, occasionally you may be offered an appeal date at shorter notice. If you are happy to be offered an appeal date at shorter notice and wish to waive your right to 10 days' notice, please sign below.

When the time comes, if you do not wish to accept an appeal date at shorter notice you will not lose your right of appeal and your appeal will be carried forward to the next round of appeals for the school.

I waive my right to 10 school days notice of the hearing and I understand that this may result in me having a shorter time to consider the appeal papers.

Signed _____ Date _____

Your appeal

Please give your reasons for appealing for a place at the school for your child, continuing on separate sheets if you need more space. The information you provide here will be given to the independent appeal panel, along with any supporting information that you send in.

Signed

Date

If you have any supporting information or evidence, please send it in with this form, or send it to the ELT Partnership

Please return your completed form to the address below and we will acknowledge it within 10 days of receipt. You are also welcome to contact us if you have any queries.

ELT Partnership School Appeals
c/o Hazelbury Primary School
Hazelbury Road, London N9 9TT

Telephone: 020 88807 3140
e-mail: contactus@enfieldlearningtrust.org