

# fortismere

Please return this form by 27<sup>th</sup> August 2019 to;

Clerk to the Admission Appeal Panel  
c/o Admissions Officer, Fortismere School,  
South Wing, Tetherdown, London, N10 1NE

## APPEAL for Sixth Form Admission 2019

I wish to appeal against the decision not to provide education for my child at Fortismere.

Child's name (in BLOCK capitals please):

Surname.....First Name.....

Date of Birth.....Gender      Male/Female

Home Address.....

.....Post Code.....

Names of Parents/Carers.....Tel No. (Home).....

.....(Work).....

.....(Mobile).....

Email.....

Do you require a translator?      Yes/No      Language.....

I do not wish to attend in person            I wish to attend in person     

I will be accompanied by the following representatives, relative or friend:      Yes/No

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**My reasons for appeal are stated overleaf**

Date Received: (*office use only*)

**Please use this space to explain your reasons for appeal. Continue on to a separate sheet if necessary.**

The following documents are attached:

**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.
- I agree for my data to be stored electronically and to be contacted by post, e mail and telephone.

Signature of Parent/Guardian.....Date.....