

Please return this form within twenty school days of its receipt to:

Clerk to the Admission Appeal Panel

c/o Admissions Officer, Fortismere School,

South Wing, Tetherdown, London, N10 1NE

**APPEAL for Mid Term 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 *(please refer to the oversubscription******criteria) and state under which category you are applying)***

School listed on the original application form:

1st preference………………………………………………………………

2nd preference………………………………………………………………

3rd preference………………………………………………………………

4th preference……………………………………………………………....

**School Offered……………………………………………………………..**

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……………………..