

THE LANGLEY ACADEMY ADMISSION APPEAL FORM

This form should be used to appeal against the refusal of a place at The Langley Academy only if you have made an application for a place at the Academy and your request has been refused. If you need help completing this form or have any questions about the appeal process, please contact the Clerk to the Independent Appeals Panel: tel 07941805714

If you have not received acknowledgement of this form within one week-please telephone the above number.

For office use only	
Date received:	
Date acknowledged:	
Appeal no:	
Year Group	

CHILD'S SURNAME		DATE OF BIRTH	
CHILD'S FIRST NAME(S)		MALE/FEMALE	
DOES YOUR CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS?		YES/NO	
IS YOUR CHILD LOOKED AFTER BY A LOCAL AUTHORITY?		YES/NO	
FOR ADMISSION OF PUPILS FROM SEPTEMBER 2015: DO YOU HAVE OLDER CHILDREN WHO ATTEND THE LANGLEY ACADEMY ? YES/NO If yes then please provide details below			
NAME	DATE PUPIL JOINED THE LANGLEY ACADEMY	CURRENT YEAR GROUP	
PARENT/ GUARDIAN DETAILS			
TITLE	INITIAL(S)	SURNAME	RELATIONSHIP TO PUPIL
ADDRESS			POSTCODE
TEL NO: WORK:	MOBILE:	EMAIL:	
HOME:			
DO YOU INTEND TO BE PRESENT AT THE APPEAL HEARING? YES/NO		IF A REPRESENTATIVE WILL ATTEND ON YOUR BEHALF PLEASE GIVE THEIR NAME	
DO YOU REQUIRE A TRANSLATOR TO BE PRESENT AT THE HEARING? YES/NO			
IF YES-WHICH LANGUAGE?			
The Clerk to the Independent Appeal Panel will give you at least 10 school days notice of the hearing date unless you are willing to have a shorter notice period. If you <u>are</u> in agreement that the 10 days notice period may be waived then please complete below.			
I confirm that I am willing to accept less than 10 school days notice of hearing:			
PRINT NAME			
SIGN			

If relevant, please explain why you feel that the admission arrangements did not comply with the mandatory requirements of the School Admissions Code and Part 3 of the School Standards and Framework Act 1998 and if they had your child would have been offered a place:

If relevant, please explain why you feel that the admission arrangements were not correctly and impartially applied in your case:

PLEASE GIVE YOUR REASONS FOR APPEAL
(Add separate sheet if necessary)

Please attach any letters/ evidence to this form including Medical evidence from your GP, Consultant where applicable.

Signature.....

Date.....

Please return your completed form marked Private and Confidential to: The Clerk to the Appeal Panel, Independent Appeals Panel, c/o The Langley Academy, Langley Road, Langley, Slough, Berkshire, SL3 7EF

Please Note-

'In year' appeals for current Yr 7 and other year groups should be submitted as soon as possible after a place has been refused.