

## THE LANGLEY ACADEMY ADMISSION APPEAL FORM

This form should be used to appeal for admission to 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	

### PLEASE USE **BLACK INK** TO COMPLETE FORM

CHILD'S SURNAME		DATE OF BIRTH	
CHILD'S FIRST NAME(S)		MALE/FEMALE	
DOES YOUR CHILD HAVE AN EDUCATION HEALTH AND CARE PLAN ?		YES/NO	
IS YOUR CHILD LOOKED AFTER BY A LOCAL AUTHORITY?		YES/NO	
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	
PRESENT OR PREVIOUS SCHOOL ATTENDED BY THE CHILD			
<b>PARENT/ GUARDIAN DETAILS</b>			
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	
IF YOU REQUIRE ASSISTANCE WITH TRANSLATION AT THE HEARING IT IS SUGGESTED THAT YOU BRING A FRIEND. (Please contact the Clerk if you have difficulty with this). DO YOU INTEND TO BE PRESENT AT THE HEARING? YES/NO			
The Clerk to the Independent Appeal Panel will give you at least <b>10 school days</b> 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.			
<b>I confirm that I am willing to accept less than 10 school days notice of hearing:</b>			
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. **Please do not attach your child's school achievement certificates.** If you think these are relevant to your appeal then you may take them to the hearing.*

**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-** For appeals for Yr 7, September, 2019 the form should be returned by **12.30 pm on 29<sup>th</sup> March, 2018**. Appeals can be submitted after this date but may not be heard with appeals received by the deadline. 'In year' appeals for current Yr 7 and other year groups should be submitted as soon as possible after a place has been refused.