THE LANGLEY ACADEMY ADMISSION APPEAL FORM

This form should be used to appeal for admission to the Langley Academy <u>only</u> 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				

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PLEASE USE <u>BLA</u>	ACK INK TO CO	MPLE	TE FORM				
CHILD'S SURNAME					DATE OF BIRTH		
CHILD'S FIRST NAME(S)						MALE/FEMALE	
DOES YOUR CHILD HAVE A STATEMENT OF SE				PECIAL EDUCATI	ONAL	YES/NO	
NEEDS?							
IS YOUR CHILD LOOKED AFTER BY A LOCAL AUTHOR			RITY?		YES/NO		
FOR ADMISSION O	F PUPILS FROM	M SEP	TEMBER 20	15: DO YOU HAV	/E OLDI	ER CHILDREN WHO ATTEND	
THE LANGLEY ACAD	DEMY ? YES/NO) If	yes then pl	ease provide det	ails bel	ow	
NAME		DATE	DATE PUPIL JOINED THE CUI			RENT YEAR GROUP	
		LANG	LANGLEY ACADEMY				
		PAF	RENT/ GUA	RDIAN DETAILS			
TITLE	INITIAL(S)	SURNAM		1E	RELAT	RELATIONSHIP TO PUPIL	
ADDRESS					POSTO	CODE	
TEL NO: WORK:			MOBILE:		EMAIL	:	
HOME:							
DO YOU INTEND TO BE PRESENT AT THE APPEAL			IF A REPRESENTATIVE WILL ATTEND ON YOUR				
HEARING? YES/NO			BEHALF PLEASE GIVE THEIR NAME				
IF YOU REQUIRE AS	SISTANCE WIT	H TRA	NSLATION				
AT THE HEARING IT IS SUGGESTED THAT YOU							
BRING A FRIEND. (F	Please contact	the Cle	erk if you				
have difficulty with	this).						
DO YOU INTEND TO BE PRESENT AT THE							
HEARING? YES/NO							
The Clerk to the Inc	dependent App	oeal Pa	anel will giv	e you at least 10	schoo	I 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:							

SIGN

Langley Academy - Appeal for Admission_2017

PRINT NAME

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 be	en offered a place:					
If relevant, please explain why you feel that the admission arr impartially applied in your case:	angements were not correctly and					
PLEASE GIVE YOUR REASONS FO						
(Add separate sheet if neces	sary)					
Please attach any letters/ evidence to this form including Medica applicable.	l evidence from your GP, Consultant where					
Signature Da	ate					

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, 2017 the form should be returned by 29th March, 2017. 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.