

Please write **CLEARLY**  
in **BLACK INK**



## Appeal Against Admission Decision

To be completed by the parent or carer. This form must be returned by **4pm on Friday 29 March 2019** to ensure your appeal is heard during the Summer Term.

Child's first name(s): ..... Family name: .....  Male  Female  
 Child's date of birth: ..... **Name(s) of parent(s) or carer(s):**  
 Contact address: ..... Title: ..... Name: .....  
 ..... Contact telephone: .....  
 ..... Title: ..... Name: .....  
 ..... Postcode: ..... Contact telephone: .....  
 E mail address:.....

School offered by your Local Authority: .....

### Reasons for your appeal: statement by parent(s) or carer(s)

You **MUST** give your grounds on this form. Please include reasons you consider are relevant including any social or medical matters which should be supported with appropriate documentation from a qualified person (doctor, consultant, social worker and so on). This documentation should be sent with this form. **ADDITIONAL** documentation must be sent to the Clerk of the Appeal Panel by **Wednesday 24 April 2018** at the very latest. Please send to the address below.

Mossbourne Community Academy is a high achieving academy but does not select on the basis of ability. Consequently, the panel are likely to give low weighting for academic ability. A copy of this form and any evidence is copied to all panel members. However, documents such as certificates, newspaper articles and artwork will not be copied to all panel members but will be seen by panel members during the hearing.

**The appeals code states that you MUST give your reasons for your appeal in writing; please use the space overleaf. Your appeal may be rejected if you do not offer your grounds.**

Please list all schools applied for and in chronological order

1		4	
2		5	
3		6	

<p><b>Please return this form to:</b></p> <p>MCA Admission Appeals                  PO Box 367,                  Cuffley,                  Herts EN6 4XZ  <b>Telephone: 01707 695252</b>  <b>Or email: <a href="mailto:clerk@educationappeals.com">clerk@educationappeals.com</a></b></p>	<p>Received by Education Appeals</p>
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## Appeal Against Admission Decision, continued

Reasons for your appeal: statement by parent(s) or carer(s), continued

Will you need an interpreter to help you at the appeal hearing?  Yes  No

If **yes**, can you bring a friend or family member to interpret for you?  Yes  No

**Experience has shown that family or friends make the best interpreters.**

If you are **unable** to bring a friend or family member, we can provide an interpreter.

If so, which language do you speak? .....

Are you willing to receive less than 10 working days' notice of the hearing  Yes

Are there days, dates or times when you cannot attend a hearing? Please give details: .....

**By signing this form you agree to your details and accompanying information being recorded electronically and shared with the Academy and panel members.**

Signature of parent or carer: .....

Name in **BLOCK CAPITALS** ..... Date: .....

Please tick:  Mother  Father  Legal guardian  Other, please specify: .....