Appeal against Admission Decision

If you wish to appeal against the Admission Authority’s decision, please complete this form and

return it to the MLP Admission Appeals Clerk at the address below.

Please use BLOCK CAPITALS

|  |  |
| --- | --- |
| CHILD’S SURNAME |  |
| CHILD’S FIRST NAMES |  |
| DATE OF BIRTH |  |
| HOME ADDRESS |  |
| SCHOOL CURRENTLY  ATTENDING |  |
| SCHOOL OFFERED |  |
| YOUR HOME TELEPHONE  NUMBER |  |
| YOUR MOBILE TELEPHONE  NUMBER |  |
| YOUR EMAIL ADDRESS |  |

PLEASE STATE YOUR REASONS FOR APPEALING OVERLEAF AND ATTACH ADDITIONAL

SHEETS IF NECESSARY.

I/WE WISH/DO NOT WISH TO ATTEND THE APPEAL HEARING IN PERSON (Please delete as appropriate)

|  |  |
| --- | --- |
| SIGNATURE OF PARENT(S)/GUARDIAN(S) | Please print name(s) |
|  |  |
|  |  |

DATE………………………………………………………………….

PLEASE RETURN THE COMPLETED FORM TO:

[admissionappeals@magnalearningpartnership.org.uk](mailto:admissionappeals@magnalearningpartnership.org.uk)

IF YOU REQUIRE A POSTAL ADDRESS PLEASE EMAIL AND THIS WILL BE PROVIDED.

PLEASE REMEMBER TO ATTACH ANY PAPERS YOU WISH TO PRESENT TO THE APPEAL PANEL

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| --- |
| I/we wish to appeal against the decision to refuse my child admission to:  My reasons for appealing are: |