

# Watling Academy

## Appeal Against Admission Decision

If you wish to appeal against the decision not to allocate a place at Watling Academy to your child please return the completed form, together with any supporting documents, WITHIN 14 DAYS OF THE DATE OF ISSUE to:

**The Clerk to the Independent Appeals Panel**  
**c/o The Admissions Officer, Denbigh Alliance Multi Academy Trust, Denbigh School,**  
**Burchard Crescent, Shenley Church End, Milton Keynes MK5 6EX**

*Please complete in BLOCK CAPITALS AND BLACK INK as this form has to be photocopied/scanned.*

<b>Student's Name</b>		<b>Date of birth</b>
<b>Current year group</b>	<b>Year group applying for</b> (e.g. Year 7)	<b>Gender</b> (Female/Male)
<b>Name and initials of parent/carer</b>		<b>Title</b> (Mr/Mrs/Miss/Ms/Other)
<b>Address (for correspondence):</b> ..... ..... Postcode: .....		<b>If moving to Milton Keynes please provide new address:</b> ..... ..... Postcode: ..... Date of moving: .....
<b>Home telephone number</b>		<b>Mobile telephone number</b>
<b>The school your child currently attends</b> (where applicable)		
<b>Please indicate which dates you CANNOT attend (excluding weekends) and/or any particular time of the day which you would find difficult.</b>		
<b>Please use this space to tell us anything about your access needs</b> (e.g. Do you need an interpreter, large print, wheelchair access etc?)		
<b>Do you require 14 days' notice of the appeal hearing date?</b> YES / NO (*delete as appropriate)		
If your answer is <b>NO</b> please complete and sign below.		
<i>I confirm that I waive my right to 14 days' notice of the appeal hearing date.</i>		
Signed: .....		Date: .....
· The grounds for my appeal are set out overleaf. (Note: You may attach additional sheets to this form). · I will attend the Appeal Panel hearing: <b>YES / NO</b> (*delete as appropriate) · I will attend the Appeal Panel hearing <b>unaccompanied / accompanied</b> (*delete as appropriate) I		
will be accompanied by:		
Name .....		Title .....
PLEASE PRINT NAME		(Mr/Mrs/Miss/Ms/Other)
Status .....		Relationship .....
Please note: The friend/adviser may be a locally elected politician or an employee of the local authority such as a social worker provided there is not a conflict of interest. The friend/adviser <u>cannot</u> be an employee of the Academy.		

<b>For office use only</b> Date of issue: Date received:
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(Please note that all correspondence relating to your original application will be forwarded to the Clerk to the Independent Appeal Panel).

The grounds for my appeal are:

Checklist: Before returning this form please ensure that you have:

- Read the accompanying booklet 'A Guide for Parents for Admission Appeals relating to Watling Academy';
- Completed all relevant sections of this form;
- Enclosed any relevant evidence in support of your reasons for your appeal.

**Date**

**Signature**

**Title** (e.g.: Mr/Mrs/Miss/Ms/Other)

**Print name**