



Please read the Schools Admissions Appeal Code (2012) before completing this form.

## IN YEAR ADMISSION APPEAL

**I am appealing for a place and would like my child to start:** (date)

**Child's Full name:**

**Male/female:** (please delete as appropriate)

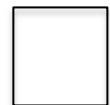
**Child's date of birth:**

**My Name:** (Mr Mrs Miss Ms other)

**My relationship to the child:**

**Current address:** (please include your postcode)

**I am in the process of buying/renting a new property. I attach a copy of a letter from my solicitor/copy of my tenancy agreement confirming my new address and the date on which I expect to move in.**



**Contact Details:**

**Telephone:** (home)

**Telephone:** (work)

**Mobile:**

**Email:**

(if you supply an email address we will acknowledge your application by email)

**Reasons for appeal:** (you must complete this section)

In all cases, give full reasons for your appeal and continue on a separate sheet if necessary.

Please attach any additional paperwork securely

**Please tick one of the following boxes to indicate attendance at the appeal hearing:**

I will attend the appeal hearing

I will not be able to attend the appeal hearing but someone else will attend on my behalf

I will not attend the appeal hearing and understand that the panel will base its decision on my written reasons and evidence

**Please tick the box if you are happy to waive your rights to 10 school days' notice of your appeal hearing. This may enable us to timetable your appeal earlier than otherwise expected.**

I am happy to waive my rights:

I am not happy to waive my rights:

I will need a signer, or an interpreter who speaks the following language at the appeal hearing:

I have a disability and will need the following adjustments made at the venue:

**Please list the additional information either included or to be sent at a later date:**

|    | Included | Send later |
|----|----------|------------|
| 1. |          |            |
| 2. |          |            |
| 3. |          |            |

**Declaration:** All information given is correct to the best of my knowledge and I am the person with parental responsibility for the child named on this form.

**Signed:**

**Date:**

Please return your completed form marked **Private and Confidential** to :

Mrs Linda Jeal – Clerk to the Governors  
c/o Ormiston Denes Academy  
Yarmouth Road  
Lowestoft  
Suffolk NR32 4AH

We cannot be held responsible for forms that are lost in the post, sent or delivered to other locations.