



## Admission Appeal Application Form

Please only complete this form if you have applied for a school place within Impact Multi Academy Trust and not been offered a place.

If you wish to appeal for multiple schools within Impact Multi Academy Trust, you will need to fill out a form for each school separately and submit it to the relevant contact below.

### SECTION 1: CANDIDATE DETAILS

Surname:	Forename:
Date of birth:	For entry into year:
School appealing for:	

### SECTION 2: PARENT(S)/CARER(S) DETAILS

Name(s) Parent(s)/Carer(s):	
Address:	
Town/County	Postcode
Tel. Home	Tel. Work
Tel. Mobile	
*e-mail address:	

\* if you provide an email address your confirmation of receipt and decision letter will be sent via email.

### SECTION 3: APPEAL HEARING ARRANGEMENTS

<p>You have a statutory right to 10 school days' notice of the appeal hearing date, but this can be waived. This may enable us to hear your appeal more quickly.</p> <p>I agree to waive the right to 10 school days' notice of the hearing date:                      YES                      NO</p>	
<p>Require an interpreter?                      YES                      NO</p> <p>If yes, please state language:</p>	
<p>Require any special access arrangements, eg. wheelchair access?                      YES                      NO</p> <p>If yes, please state requirements:</p>	
<p>If you would like to bring a representative or be accompanied, please state who this will be and their relationship to you.</p>	
<p>Any dates you will be unavailable for an appeal hearing?</p>	

#### SECTION 4: PARENT/CARER APPEAL STATEMENT

(If you prefer, you can type your response on plain paper. Please ensure you clearly state the pupil's name, number each page and check the statement is signed and dated)

Surname	Forename
Note: Please state your reasons as clearly as possible. You may continue your statement on additional sheets which should be attached to this form together with any supporting evidence.	
<p>Statement:</p> <p>I/We wish to appeal against the decision not to offer my/our son/daughter a place because:</p>	

#### SECTION 4: PARENT /CARER APPEAL STATEMENT CONTINUED

(This page can be photocopied if further sheets are required)

Surname	Forename

Signed.....

(Parent/Carer) Date.....

#### Contact details:

Please return your completed form and any supporting documentation to the school you are appealing to:

Clare House Primary School: [admin@clarehouse.bromley.sch.uk](mailto:admin@clarehouse.bromley.sch.uk)

Hayes School [admissions@hayes.bromley.sch.uk](mailto:admissions@hayes.bromley.sch.uk) or [6thadmissions@hayes.bromley.sch.uk](mailto:6thadmissions@hayes.bromley.sch.uk)

Hawes Down Primary School: [office@hdps.org.uk](mailto:office@hdps.org.uk)

Langley Park Primary School: [office@langley-primary.org.uk](mailto:office@langley-primary.org.uk)

Langley Park School for Boys: [office@lpsb.org.uk](mailto:office@lpsb.org.uk)

Langley Park School for Girls: [JOM@lpgs.bromley.sch.uk](mailto:JOM@lpgs.bromley.sch.uk)

Ravens Wood School [admissions@rws.uk.net](mailto:admissions@rws.uk.net) or [sixthform@rws.uk.net](mailto:sixthform@rws.uk.net)