



FORM FOR APPEALING AGAINST A DECISION NOT TO OFFER A PLACE IN YEAR 7 IN SEPTEMBER 2019

If you have not been offered a place in Year 7 at **The Quest Academy** for September 2019, you have a right to appeal if you feel the decision is incorrect. To lodge an independent appeal, please complete the following in **BLOCK CAPITALS** and tick the appropriate boxes. This form must then be returned to the address shown at the bottom of the next page by **4pm on Tuesday 23 April 2019**.

Title:

Mr		Mrs		Ms		Other	
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Full name of parent(s) or guardian(s):

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Relationship to child:

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Home address:

Post Code	

Home telephone number:

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Mobile telephone number:

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Contact Email address:

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Full name of child:

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Date of birth:

Date			Month			Year	
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Male/Female:

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I wish to attend the appeal in person:

Yes		No	
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Please tell us if you have a disability and need assistance or have any other concerns regarding access:

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If you need an interpreter, please bring a friend/relation: **Yes/No/not applicable**

	Name of friend or relation:

My reasons for appealing are:

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If necessary, please continue on a separate sheet and attach any supporting documentation/ evidence. If you do not yet have the supporting documentation please send this form by the deadline shown on the previous page, and then send the supporting evidence to us separately by Monday **3 June 2018**.

Declaration and Signature of Parent/Guardian:

- I wish to exercise my right of appeal under the School Standards & Framework Act 1998 for a place at The Quest Academy as I have been refused a place.
- I certify that I am the person with parental responsibility for the child named above and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing the appeal will be held in my absence using the information I have supplied on this form, together with any other information sent to the Clerk to the Appeals Panel before the deadline for submissions of supporting documentation.

Signed:

Date:

Admin use only:	Date received		Received by Clerk	
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RETURN THIS FORM TO:

Clerk to *The Collegiate Trust*
C/O Riddlesdown Collegiate
Honister Heights
Purley
Surrey
CR8 1EX