



SECONDARY ADMISSIONS APPEAL FORM (REFERENCE APP-00908)

Before completing this form, please read the following notes carefully:

- This form should be completed if you wish to appeal against the decision of the admissions authority not to offer your child a place.
- Before filling in this form, you must have received written notification from your **Local Authority** that your child has not been offered a place.
- Parents wishing to appeal against non-admittance to any other primary schools should contact those schools directly.
- If your child is offered a place after you submit this form, please let us know as soon as possible.

Please insert below the name of the ARK School for which you applied:
Year Group

Child's details			
Your Child's first name:		Surname:	
Date of birth:		Gender (male or female):	
Address:			
Postcode:			
Telephone number:	Day:	Evening:	
Email address:			
Please give details of the school your child presently attends, if any:			
Does your child have a disability? If yes, please give details.	No Details:		



In the box below, please give your **reasons for appealing** against the decision not to offer your child a place, giving as much information as possible to explain your case. Please continue on a separate sheet if necessary.

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Appeal hearing

I will be attending the appeal hearing	(If you cannot attend, the appeal will be heard in your absence)
I will bring a friend/relative	
<p>If you plan to attend the hearing, please indicate any dates or times of day when you would be unavailable:</p> <p>(please be note that although every effort will be made to avoid these days/dates when scheduling your appeal, it may not be possible to do so)</p>	
<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</p>	
Do you need an interpreter to attend the hearing?	If yes, please state the language required:

Your details

Your full name:			
Your relationship to the child: (e.g. parent/legal guardian)			
Parent has confirmed accuracy of the information in this form		Date:	



Please return this completed form to:

ADMISSIONS TEAM

ARK Schools

65 Kingsway

London

WC2B 6TD

www.arkonline.org