

# School Admission Appeals The Enquire Learning Trust Appeals Panel

PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

1. You should complete this form if you wish to appeal against the Local Education Authority not to admit your child to the school for which you have expressed preference
2. If you can, please provide a daytime telephone number where you can be contact if necessary
3. If you wish to provide any additional information in support of your appeal, for example, a doctors note, please send along a copy with your completed appeal form.

Please post your completed form to:

Unit 5  
Navigation Court  
Wakefield  
WF2 7BJ

Office Use:

Date Received

Date Heard

Reference Number

Decision

Your Full Name.....\*(Parent/guardian) Delete as appropriate

Your Full Address:

.....  
.....

Postcode.....

Daytime phone number.....

Child's  
name.....

Child's  
Age.....

Child's Date of  
Birth.....

School Currently attended by  
child.....

Name of school that has offered your child a  
place.....

Name of preferred school for your  
child.....

If you intend to be present at the appeal hearing, efforts will be made to hold your appeal hearing at a time convenient to you. If there are any dates within the next six weeks or so on which you will be **unable** to attend a hearing, please list these below:-

.....

Will anyone be coming with you? YES/NO

If YES, please give their name(s).

.....

What is their relationship to you or position (eg friend, relative, etc)?

.....

REASONS FOR YOUR APPEAL - Please give as much information as possible, continuing overleaf and on a separate sheet if necessary, and attach any relevant additional documentation.

(See note 3). **Please sign and date the document before returning it; any documents that are not signed will not be accepted.**

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