

# Notice of Appeal

Please complete this appeal form in black ink.

## Details of parent or guardian

Full name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number(s): Home: \_\_\_\_\_ Daytime: \_\_\_\_\_

## Details of child for whom you are appealing

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## Special Educational Needs

Does your child have a Statement of Special Educational Need? YES / NO

**or**  
Is he or she being assessed? YES / NO

## School details

Child's present school: \_\_\_\_\_

School(s) to which admission  
has been offered: \_\_\_\_\_

## Attendance at the appeal hearing

Do you wish to attend the hearing of your appeal? YES / NO

Do you intend to be represented at the hearing or accompanied by a friend? YES / NO

If **YES**, please give details:

Name of representative/friend: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

**IT IS IMPORTANT TO PROVIDE THE INFORMATION REQUESTED OVERLEAF**

### Reasons for appeal

It is important to provide the Independent Admission Appeals Panel with full details so that the Panel has all the information which may be relevant to your case.

If you wish to submit documentary evidence in support of your appeal it should be attached.

Please continue on a separate sheet if necessary.

### Declaration

I wish to appeal against the decision of Morton Academy not to offer my child(ren) a place. I confirm that all the information I have provided is accurate. I also agree to whatever checks may be carried out to verify its accuracy.

Signed: ..... Date: .....

**This form must be returned as soon as possible to:**

**Clerk to the Independent Admission Appeals Panel, Morton Academy, Wigton Road, Carlisle CA2 6LB**