

MILLBANK ACADEMY IN-YEAR APPEAL FORM

To be completed by parent/guardian.

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

- This form should be completed if you wish to appeal against the decision of Millbank Academy, to not to offer your child a place.
- Before filling in this form, you must have received written notification that your child has not been offered a place by Millbank Academy.
- Parents wishing to appeal against non-admittance to any other schools should contact those schools directly.
- If your child has an Education and Health Care Plan (EHCP) or a Statement of Special Educational Needs, you should contact the Local Authority, instead of completing this form.
- **If your child is offered a place after you submit this form, please let us know as soon as possible.**

1. Year Group for which you have been refused admission

- | | |
|---|---|
| <input type="checkbox"/> Year 1
<input type="checkbox"/> Year 2
<input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4
<input type="checkbox"/> Year 5
<input type="checkbox"/> Year 6 |
|---|---|

STUDENT INFORMATION

Legal Surname: _____

Legal Forename: _____ Middle Name(s): _____

Gender: Male Female Date of Birth (Day/Month/Year): / /

Address: _____

Postcode:

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PARENT/GUARDIAN DETAILS

Parent/Guardian Name: Mr/Mrs/Ms/Miss/Dr _____

Relationship to Student: _____

Does the student live with this person? Yes No (Please give details of address below)

Address (if different from student): _____

Home Phone No. _____ Mobile Phone No. _____

Email Address: _____

2. Please give details of the school your child presently attends, if any. If your child doesn't attend school, please give as much details as you can.

3. Does your child have a disability? If yes, please specify which disability they have and what support they may require.

4. In this box, 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 use additional paper if needed.

APPEAL HEARING

5. I will be attending the appeal hearing (if you cannot attend, the appeal will be heard in your absence)

- Yes, **I WILL** be attending the appeal hearing
- No, **I will NOT** be attending the appeal hearing

6. If you plan to attend the hearing, please indicate any dates or times of day when you would be unavailable. 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.

7. 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. I agree to waive the right to 10 school days notice of the hearing date.

- Yes, I agree to waive the right to 10 school days' notice of the hearing date.
 No, I DO NOT agree to waive the right to 10 school days' notice of the hearing date.

8. If you require any assistance, e.g. interpreter (please specify language), wheelchair access, signer, or other, please give details here:

Supporting Documents

Please include a photocopy of any supporting documents which may help towards your appeal with this form.

This completed form should be signed and returned, or handed in, to the following email address:

DECLARATION

DECLARATION AND SIGNATURE OF PARENT/ GUARDIAN

Please ensure that you sign below, the Academy cannot update your details unless you do so.

Name of parent/guardian: _____

I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.

Signed by

parent/guardian: _____ **Date:** _____

All data collected will be secured and handled appropriately according to the guidelines of the General Data Protection Regulation 2016 and the Data Protection Act 2018.

Please return this form to us via post or email.

Address: Millbank Academy, Erasmus Street, London, SW1P 4HR

Email: admissions@millbank.futureacademies.org