

ALL SAINTS ACADEMY

NOTICE OF ADMISSION APPEAL



Please complete all sections of this form and return to:
 Denise Greenhood, Academy Services Manager, All Saints Academy, Houghton Road, Dunstable,
 Beds LU5 5AB
 Email: dgreenhood@asadunstable.org

I/we wish to appeal against the decision not to provide education for my/our child at All Saints Academy.

Child's surname	
Child's forename	
Date of Birth	
Gender	
Year group appealing for	
Most recent school attended	

Parents/carers' name		
Home address		
Telephone Numbers	Mobile	
	Home	
	Work	
Email address		

	Yes	No
I/we will be attending the meeting		
I/we require support with access to the building, eg wheelchair user		
I/we require an interpreter, eg language/hearing		
I/we will be accompanied by a representative		
Representative's name		
Representative's address		
Representative's telephone number		

	Yes	No
I/we agree to less than 14 days' notice of the appeal hearing		
Note: This may help us to slot in late applications for appeal		

Note: You will receive notification from the Clerk as to the date and time of the appeal. If you do not attend the hearing your appeal will be decided on the information provided by this form.

Please use this space to explain your grounds for appeal (continue onto a separate sheet if necessary)

Please list any attachments sent with this form

Signed _____ Date _____

Print Name _____