**NOTICE OF APPEAL**

for Ormiston Park Academy

**I wish to appeal the decision of the admission authority to refuse my child a place at Ormiston Park Academy**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION 1** |  |  | **PUPIL DETAILS (Please print)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Forename (s) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of birth |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Male |  |  | Female |  |  |  |  |  |  |
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| Home address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION 2** |  |  | **PARENT / CARER’S DETAILS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Mr/Mrs/Miss/Ms |  |  |  |  |  | Forename |  |  |  |  |  | Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (or other) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Telephone no. |  |  |  |  |  |  |  |  |  |  |  |  |  | Work |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Mobile |  |  |  |  |  |  |  |  |  |  |  |  | Relationship |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  | to child |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Do you have parental responsibility for this child |  |  |  |  |  |  |  |  |  | Yes |  |  |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Address if |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| different to |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Section1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION 3** |  |  | **CURRENT SCHOOL INFORMATION** |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Current School |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | and address of school |  |  |  |  |  |  |  |  |  |  |  |  |  | Postcode |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Has your child been offered a place at any school? |  |  |  |  | Yes |  |  |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| If yes, name of School |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Have you accepted the school place offered? |  |  |  |  | Yes |  |  |  | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | When do you want your child admitted to your preferred school? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION 4** | **SIBLINGS** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Do you have any other school age children (Age 5-18?) |  | Yes |  | No |  |  |
|  |  |  |  |  |
| If **YES** please provide details below: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Name of Child** |  |  | **Date of** |  | **Year** |  | **School attending** |  |
|  |  |  | **Birth** |  | **Group** |  |  |
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|  | **SECTION 5** | **APPEAL PANEL HEARING** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Will you be attending the Appeal Panel Hearing to present your own case? | Yes |  | No |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
| If YES, will anyone else be coming with you? | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |

If YES, please confirm their name and indicate whether they are representing you in a legal capacity, e.g. a

Solicitor:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mr/Mrs/Miss/Ms |  |  | Forename |  | Surname |  |  |
| (or other) |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Capacity of |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Representation |  |  |  |  |  |  |  |

If you confirm that you will be attending the meeting of the Appeal Panel but then, having failed to give a reasonable explanation do not do so, the Appeal Panel will proceed in your absence and make their decision on the basis of your written case.

If you confirm that you will not be attending the Appeal Panel hearing, your case will be considered by the panel on the basis of whatever you have written on this form together with any other correspondence you may have had with the admission authority regarding your application for a school place. It is, therefore, vital that you include in your written submission all of the information you wish to be considered by the Appeal Panel.

|  |  |
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| **SECTION 6** | **ARRANGEMENTS FOR THE HEARING** |
|  |  |

In order that the clerk to the panel may make appropriate arrangements prior to the Appeal Hearing please confirm the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you require the services of an Interpreter? | Yes |  | No |  |  |
| If YES what is your first language? |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| Do you require the services of a sign interpreter? | Yes |  | No |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
| Do you use a wheelchair or have mobility difficulties? | Yes |  | No |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
| Are you blind or partially sighted? | Yes |  | No |  |  |
|  |  |  |  |  |  |

If you will be attending the hearing, are there any dates in the next 2 months which will prove difficult for you? If so please give details; every effort will be made to avoid these dates although no guarantees can be given.

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(please use additional paper if required).

In order to ensure that the Appeal Panel is totally independent, please detail below any schools in the Borough that you have any connection with:

|  |  |
| --- | --- |
| **School** | **Reason for Connection** |
|  |  |
|  |  |

|  |  |
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| **SECTION 7** | **APPEAL HEARING NOTICE** |
|  |  |

The Admission Appeals booklet confirms that the clerk to the Appeal Panel must provide you with details of the date and arrangements for the hearing no later than 10 school days before the hearing. If, however, a hearing date becomes available at shorter notice it may not be possible to give parents the full amount of notice. In this situation, would you be willing to accept less than 10 school days notice?



Yes No



|  |  |
| --- | --- |
| SECTION 8 | **REASONS FOR YOUR APPEAL** |
|  |  |

Please give below the reasons for your appeal continuing on a separate sheet of paper if necessary. Any additional documentation you feel would be relevant to your appeal must also be attached to this form and will be made available to the Appeal Panel

I confirm that the information I have given on this form is true and correct

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Name** |  |
| **Signed** |  | **(please** |  |
|  |  | **print)** |  |
| **Relationship** |  | **Date** |  |
|  |  |
| **to child** |  |  |
|  |  |  |
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|  | **Page 3 of 4** |  |

**NOTES:**

If your appeal is unsuccessful you may not appeal for the same school within the same academic year unless there has been a significant and material change in either your circumstances or the circumstances of the school and your application has still been refused.

The acceptance of a place at an alternative school does not affect your right of appeal.

Fair Processing Notice

The information provided by you will be held and processed by Ormiston Park Academy in accordance with the General Data Protection Regulation 2018. It will be used for its intended purpose but may also be used for internal statistical analysis as well as being processed and disclosed for the prevention or detection of crime, assessment of tax or where we have a legal obligation to do so. We may also need to share your information with a third party, such as a contractor, in order for them to provide the service you have requested.

**Once completed this form must be returned to:**

 Mrs S Spraggon

 PA to the Principal and Vice Principal

 Ormiston Park Academy

 Belhus Park Lane

 Aveley

 Essex

 RM15 4RU

 sspraggon@ormistonpark.org.uk

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