

APPEAL AGAINST ADMISSION DECISION  
**Ormiston Park Academy**



Please complete in **BLOCK LETTERS AND BLACK INK** or **TYPE**  
**I/We wish to appeal against the decision of the Governors of Ormiston Park Academy not to offer my child a place at the school.**

1 Full name of your child

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2 Date of birth

Date			Month			Year	
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3 Title (please tick)

Mr.		Mrs.		Ms.		Other	
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Full name of parent(s) or carer(s)

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4 Relationship to child

Parent		Carer		Other Please state	
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5 Home address

Postcode	

6 Home telephone number

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7 Mobile telephone number

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8 Email address

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9 Name of school offered/allocated

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10 Does your child have a disability? Tick appropriate box)

Yes		No	
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11	I wish to attend my appeal in person	Yes		No		(Tick appropriate box)
	If no, do you wish the appeal to be heard using the information on this appeal form and accompanied papers?	Yes		No		
12	Name and capacity of other persons who will accompany you to the hearing.					
13	Please tell us if you have a disability and need assistance or have any other concerns regarding access.					
14	If you need an interpreter, please bring a friend/relative as we find that people you know make better translators.	Bringing friend / relative	Yes/No/ N/A			
15	Does your child currently have an Education Health and Care Plan (EHCP)?	Yes		No		
16	Are there any days of the week when you would <b>not</b> be able to attend a hearing?					
17	Are you happy to receive less than 14-days' notice of your hearing?	Yes		No		

Office use only	Date Received		Deadline for appeal	
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My reasons for appealing are:

*The Appeals Code states that you MUST give your reasons when lodging your appeal. Please ensure to include why you believe that your child's needs can only be met by attending Ormiston Park Academy.*

If necessary, please continue on a separate sheet and attach any supporting documents / evidence.

**PLEASE RETURN THIS FORM TO**

**EMAIL:** [opa\\_admissions@ormistonpark.org.uk](mailto:opa_admissions@ormistonpark.org.uk) / [opainfo@ormistonpark.org.uk](mailto:opainfo@ormistonpark.org.uk)

**Or POST: Clerk to the Independent Appeal Panel (Ref OPA),**

**Admissions, Ormiston Park Academy, Belhus Park Lane, South Ockendon, Essex RM15**

**4RU Or TELEPHONE: 01708 865180**

## Declaration and Signature of Parent/Carer

- Having been refused a place at Ormiston Park Academy, I wish to exercise my right of appeal under the School Standards & Framework Act 1998.
- I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.
- I agree for my data to be stored electronically and to be contacted by post, email and telephone.
- **I/we enclose two household bills with proof of address dated within the last three months. e.g. Council Tax, bank statement, rent book, telephone bill, water bill.**

Signed:

Date: