

## Appeal Against Admission Decision

If you wish to appeal against the decision not to allocate a place at Michaela Community School to your child, please return the completed form, together with any supporting documents, BY THE APPEAL DEADLINE OR WITHIN 14 DAYS OF THE DATE OF ISSUE to:

**The Clerk to the Independent Appeals Panel**  
**c/o Michaela Community School, North End Road, Wembley HA9 0UU**  
**or admissions@mcsbrent.co.uk**

Please complete in BLOCK CAPITALS AND BLACK INK as this form has to be photocopied/scanned

<b>Pupil's name</b>		<b>Date of birth</b>	
<b>Current year group</b>	<b>Year group applying for</b> (eg. Year 7)	<b>Gender</b> (Female/Male)	
<b>Name and initials of parent/carer</b>		<b>Title</b> (Mr/Mrs/Miss/Ms/Other)	
<b>Address</b> (for correspondence): ..... ..... <b>Postcode:</b> .....		<b>If moving to London please provide new address:</b> ..... ..... <b>Postcode</b> ..... <b>Date of moving:</b> .....	
<b>Home telephone number</b>		<b>Mobile number</b>	
<b>The school your child currently attends</b> (where applicable)			
<b>Please indicate which dates you CANNOT attend (excluding weekends) and/or any particular time of the day you would find difficult.</b>			
<b>Please use this space to tell us anything about your access needs</b> (eg. Do you need an interpreter, large print, wheelchair access etc?)			
<b>Do you require 10 days' notice of the appeal hearing date? YES / NO</b> (*delete as appropriate)  If your answer is <b>NO</b> please complete and sign below.  <i>I confirm that I waive my right to 10 days' notice of the appeal hearing date.</i>  <b>Signed:</b> ..... <b>Date:</b> .....			
<ul style="list-style-type: none"> <li>• The grounds for my appeal are set out overleaf. (Note: You may attach additional sheets to this form)</li> <li>• I will attend the Appeal Panel hearing: <b>YES / NO</b> (*delete as appropriate)</li> <li>• I will attend the Appeal Panel hearing <b>unaccompanied / accompanied</b> (*delete as appropriate)</li> </ul> I will be accompanied by:  Name: ..... Title: ..... <div style="display: flex; justify-content: space-around; width: 100%;"> <span>PLEASE PRINT NAME</span> <span>(Mr/Mrs/Miss/Ms/Other)</span> </div> Status: ..... Relationship: ..... Please note: The friend/advisor may be a locally elected politician or an employee of the local authority such as a social worker provided there is not a conflict of interest. The friend/advisor <u>cannot</u> be an employee of the school.			
<b>For office use only</b>			
Date of issue:			
Date received:			

**(Please note that all correspondence relating to your original application will be forwarded to the Clerk to the Independent Appeal Panel).**

**The grounds for my appeal are:**

**Checklist:** Before returning this form, please ensure you have:

- Completed all relevant sections of this form;
- Enclosed any relevant evidence in support of your reasons for your appeal

<b>Date</b>	<b>Signature</b>
<b>Title</b> (eg. Mr/Mrs/Miss/Ms/Other)	<b>Print name</b>