



NOTICE OF APPEAL AGAINST THE DECISION NOT TO OFFER A PLACE IN THE AT HOPE COMMUNITY SCHOOL (IN YEAR)

I wish to appeal against the decision of the Admission Authority not to offer my child a place at my preferred school which is Hope Community School.

Details of the Child:

Surname	First names
Date of birth	Year Group

Details of the person making the appeal:

Surname	First names
Mr/Mrs/Miss/Ms/Dr/other (please specify)	Relationship to child

Current home address:		
Contact telephone numbers:		
Home:	Mobile:	Work:
Email address:		

New address if moving:

Schools listed on your original application form:

1 st preference
2 nd preference
3 rd preference
4 th preference
5 th preference
6 th preference

Child's current/previous school and date of leaving if applicable:.....
.....

To assist in arranging a date convenient for you, please give any dates in the next month when you are not available:
.....

Will you require an interpreter? YES / NO

If YES please specify the language_____

The reasons for my appeals are (please continue on separate sheets if necessary)

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I confirm that the information provided above is accurate and that I have legal responsibility for the child named in the appeal.

Signed	Date
Full name and title	

Please return your completed form to:
Hope Community School, 167 Rectory Lane, Sidcup, Kent, DA14 5BU /
enquiries@hopecommunityschool.org