



## In Year Appeals Form Year \_\_\_\_\_

Please read the School Admission Appeals, Information for Parents/Carers document before completing this form.  
Please complete in BLOCK CAPITALS using black ink.

Please return the completed form to:

The Clerk to the Appeals Panel, c/o Oasis Academy Enfield – 9 Kinetic Crescent, Innova Park, Mollison Avenue, Enfield, EN3 7XH

Your appeal form will be acknowledged within 10 days of receipt.

### 1. Family Information

Child's First Name .....

Child's Surname .....

Date of Birth ...../...../.....      Boy       Girl

Home Address .....

Parent/Carer .....

(Parent/Carer with Parental Responsibility)

Home Telephone .....      Mobile.....

Email .....

**The Academy assumes that any appeal lodged is with the agreement of all adults with parental responsibility for the child.**

### 2. Schools Information

School appealing for      OASIS ACADEMY ENFIELD

Child's Primary School .....

School Offered (where appropriate) .....

**3. Appeal Hearing**

I wish to attend the Appeal Hearing      Yes       No

I wish to be accompanied/represented by a friend/relative, adviser, interpreter or signer

Companion's/representative's full name .....

Companion's/representative's Address .....

Do you need an interpreter or signer?      Yes       No

Which language do you speak? .....

Does anyone accompanying you to the Appeal Hearing have a disability?      Yes       No

If so, is there anything that they need to help them attend?

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**4. Statement of Parent/Carer (please use additional sheets if necessary)**

I wish to appeal against the decision to refuse my child admission to Oasis Academy Enfield for the following reason(s):

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Signature ..... (Parent/Carer with Parental Responsibility)

Date ...../...../.....