



DASHWOOD ACADEMY

Appeal against Admission Decision

If you wish to appeal against the decision not to allocate a place at Dashwood Academy to your child, please return the completed form, together with any supporting documents to:

**Clerk to the Independent Appeals Panel,
C/o Dashwood Academy, Merton Street, Banbury OX16 4RX**

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

Student's name		Date of birth
Current Year group	Year Group applying for (e.g. Year R)	Gender (Female/Male)
Name of current school		
Name and initials of parent/carer/		Title (Mr/Mrs/Miss/Ms/Dr/(other))
Address & Post code (This should be the child's main address)		
Contact Tel Numbers	Mobile number	
Please indicate use this space to tell us anything about your access need (e.g. Do you need large print, wheelchair access etc?)		

Declaration and Signature of Parent/Carer

- I wish to exercise my right of appeal under the School Standards and Framework Act of 1998 for a place at the above school, as I have been refused a place at this school.
- I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing and I do not send a family representative my appeal will be heard in my absence using the information I have supplied on this form along with any other information I have submitted before my hearing date.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this appeal invalid, or lead to the offer of a place being withdrawn and may result in legal action being taken.

Parent's/Carer's
Signature

Date:

Information supplied will be used for registered purposes under the Data Protection Act 1998.

Checklist:

Before returning this form, please ensure that you have:

- Read the accompanying notes.
- Completed all relevant sections of this form.

Attached any additional information.

Completed forms must be returned to the address at the top of this form.

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

The grounds for my appeal are: (please continue on a separate sheet if necessary).

Date

Signature

Title (Mr/Mrs/Miss/Ms/Dr/(other))

Print name