



Appeal against Admission Decision

If you wish to appeal against the Admission Authority’s decision, please complete this form and return it to the Company Secretary at the address below.

Please use BLOCK CAPITALS

CHILD’S SURNAME	
CHILD’S FIRST NAMES	
DATE OF BIRTH	
HOME ADDRESS	
SCHOOL CURRENTLY ATTENDING	
YOUR HOME TELEPHONE NUMBER	
YOUR WORK TELEPHONE NUMBER	
YOUR EMAIL ADDRESS	

PLEASE STATE YOUR REASONS FOR APPEALING OVERLEAF AND ATTACH ADDITIONAL SHEETS IF NECESSARY.

I/WE WISH/DO NOT WISH TO ATTEND THE APPEAL HEARING IN PERSON
(Please delete as appropriate)

SIGNATURE OF PARENT(S)/GUARDIAN(S)	Please print name(s)

DATE.....

PLEASE RETURN THE COMPLETED FORM BY 29th MARCH 2018 TO:

Mrs C Sawyer
Company Secretary
Magna Learning Partnership
c/o Sarum Academy
Westwood Road
Salisbury
Wiltshire
SP2 9HS

ALTERNATIVELY THE COMPLETED FORM CAN BE EMAILED TO:

compsec@magnalearningpartnership.org.uk

PLEASE REMEMBER TO ATTACH ANY PAPERS YOU WISH TO PRESENT TO THE APPEAL COMMITTEE

I/we wish to appeal against the decision to refuse my child admission to:

My reasons for appealing are:

