



Appeal against Admission Decision

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

Please use BLOCK CAPITALS

CHILD’S SURNAME	
CHILD’S FIRST NAMES	
DATE OF BIRTH	
HOME ADDRESS	
SCHOOL CURRENTLY ATTENDING	
SCHOOL OFFERED	
YOUR HOME TELEPHONE NUMBER	
YOUR MOBILE 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 TO:

admissionappeals@magnalearningpartnership.org.uk

IF YOU REQUIRE A POSTAL ADDRESS PLEASE EMAIL AND THIS WILL BE PROVIDED.

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

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

My reasons for appealing are:

