

In-Year Admission Appeal Form

Please complete this form if you wish to appeal against PolyMAT's decision not to offer your child a place at a school for which you have applied. It is recommended that you read the 'Admission Appeal Guidance Notes for Parents and Carers' before completing this form.

Section 1: Year group you are appealing for

Please tick one of the following:

Primary

Years 1 - 2

Years 3 - 6

Years 7 - 11

Years 12 - 13

Secondary

Section 2: Child's details

Child's family name/surname:

Child's given/first name(s):

Date of Birth: Male/Female:

Address:

..... Tel No:

Child's current school (if applicable):

Section 3: Additional information

Have you submitted an appeal form at any time in the past? YES/NO

If yes, please name the school appealed for:

In which year was the appeal heard?

Are there any days on which you cannot attend an appeal hearing? YES/NO

If yes, please give specific dates:

Do you have English as a second language? YES/NO

If yes, please state language spoken:

Do you intend to bring someone with you to act as an interpreter? YES/NO

Section 4: Parent's/Carer's statement

I wish to appeal against the decision not to offer my child a place at School because:

Full name of parent/carer:

Signature of parent/carer: Date:

Your completed appeal form and supporting documentation must be returned to: The Business Manager, Woolwich Polytechnic School, Hutchins Road, SE28 8AT