

# Appeal against admission decision

Before completing this form, it is important that you read the DfE 'Advice for parents and guardians on school admission appeals'.

[www.gov.uk/government/publications/admission-appeals-for-school-places/advice-for-parents-and-guardians-on-school-admission-appeals](http://www.gov.uk/government/publications/admission-appeals-for-school-places/advice-for-parents-and-guardians-on-school-admission-appeals)

It should be noted that appeals will be considered against the school admissions criteria as opposed to any personal circumstances which parents / carers may feel are appropriate

**Please complete this form clearly (and in block capitals if using a paper version)**

Please tick the academy to which your appeal relates:-			
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

## PART 1. Information about your child

Child's family name or surname	
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Child's first name(s)	
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Sex (please tick):	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of birth:	
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School currently attending or last attended

School your child has been allocated a place at

Name of parent(s) / guardian(s) – please specify which

If you are the child's guardian, please specify your relationship with the child

Home address:	
Postcode:	

Mobile		Home		Work	
e-mail					

## PART 2. Reasons for your appeal

Before completing your reason for appealing, it is important to remember that an appeal panel can only uphold an appeal based on the very strict conditions laid out in the Department for Education's School Admissions Appeal Code.

<https://www.gov.uk/government/publications/school-admissions-appeals-code>

Please attach additional sheets as necessary (preferably using A4 paper).

### PART 3. Attending the panel

Please tick / complete as appropriate

<input type="checkbox"/>	I do not wish to attend in person
<input type="checkbox"/>	I wish to attend in person
<input type="checkbox"/>	I wish to be accompanied by a friend / relative (please specify below)
<input type="checkbox"/>	I wish to attend remotely

Their name:	
Home address:	
Postcode:	

Telephone contact details					
Mobile		Home		Work	

e-mail	
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### PART 4. Signature

Please sign and date this form

Signature of parent / guardian	
Date:	

If someone else filled out this form on your behalf, please provide their name below:	
Their name	
Their signature	

Please return this form and any supporting or additional information to the office of the appropriate academy. Full contact details can be found on the final page of this form.

Enfield  
Heights  
ACADEMY

**Enfield Heights Academy**

1-3 Pitfield Way, Enfield, Middlesex EN3 5BY

020 8805 9811

[heights@northstartrust.org.uk](mailto:heights@northstartrust.org.uk)

Heron  Hall  
ACADEMY

**Heron Hall Academy**

46 Queensway, Ponders End, London EN3 4SA

020 8443 9631

[heron@northstartrust.org.uk](mailto:heron@northstartrust.org.uk)

Kingfisher  Hall  
ACADEMY

**Kingfisher Hall Academy**

40 The Ride, Enfield, London EN3 7GB

020 8344 9890

[kingfisher@northstartrust.org.uk](mailto:kingfisher@northstartrust.org.uk)

Woodpecker  Hall  
ACADEMY

**Woodpecker Hall Academy**

Cuckoo Hall Lane, Edmonton, London N9 8DR

020 8804 4126

[woodpecker@northstartrust.org.uk](mailto:woodpecker@northstartrust.org.uk)