

**NOTICE OF APPEAL FORM**

Please:

- Use block capitals on this side of the form and black ink throughout.
- You must appeal within 20 days of receipt of your refusal letter.

Send the completed and signed form to:

**CLERK TO THE INDEPENDENT APPEAL PANEL  
THE BASILDON ACADEMIES TRUST  
WICKFORD AVENUE  
PITSEA, BASILDON  
ESSEX SS13 3HL  
TEL 01320 552526**

**I wish to appeal against the decision not to provide education for my child at the Basildon Academies.**

Child's name (Full Name)			
Date of birth		Boy	Girl
School you want your child to attend: <b>The Basildon Academies</b>			
Please state the term in which you wish your child to start school.		Autumn 20__	Spring 20__
Summer 20__			
Parent's/Guardian's names			
Home address			
			Post Code
Telephone Numbers	Home:	Work/Mobile:	
<b>Representation</b> <small>*Delete as appropriate</small>			<i>(See Note 4)</i>
1.	I/We* wish to attend the appeal to make oral representations		Yes No
2.	I/We* agree to my appeal being heard by the panel on written representations		Yes No
3.	I/We* wish my/our* representative to put the case to the appeal panel.		Yes No
3a.	He/she* is representing me/us* in a legal capacity		Yes No
Representative's name			
Representative's address			
			Post Code
Telephone Numbers	Home:	Work/Mobile:	
4.	I/We* will accompany my/our* representative at the hearing		Yes No
5.	I/We* agree to less than 14 days notice of the appeal hearing (if applicable)		Yes No
6.	I/We* will require an interpreter at the hearing.	Language	Yes No
7.	Please note here if there are any special needs of which we should be aware		

**YOU MUST COMPLETE THIS SECTION** Failure to do so will result in your form being returned to you

**Grounds of Appeal** (See note 5)

*If there is not enough space on this sheet please continue on additional sheet(s) concluding with your signature and date. Please ensure additional paperwork is on A4 size paper.*