5 Dimension Trust – Appeal

Appeal Against Mid-Year Admission Decision

To appeal against the decision not to allocate a place, please return the completed form together with any supporting documents **within 20 school days of the date of issue** to:

The Clerk to the Appeal Panel (at appropriate school)**:**

For office use only
DATE OF ISSUE:
DATE RECEIVED:
School:

C/O Emerson Valley School Hodder Lane Emerson Valley Milton Keynes MK4 1JR	C/o Merebrook Infant School Dulverton Drive Furzton Milton Keynes MK4 1EZ	C/O Brooklands Academy Fen Street Brooklands Milton Keynes MK10 7HE
C/O Hazley Academy Emperor Drive Hazeley Milton Keynes MK8 0PT	C/O Shenley Brook End School Walbank Grove Shenley Brook End Milton Keynes MK5 7ZT	C/O Walton High Academy Fyfield Barrow Walnut Tree Milton Keynes MK7 7WH

Please complete the details in Block Capitals

Students Name	**Date of Birth**	**Current Year Group**
Year Group Applying (*e.g. Year 2)*		**Sex** (Male/Female)
Name and initials of Parent/Carer completing the form		**Title***(eg:Mr/Mrs/Miss/Ms)*
Address (*Current for Correspondence)* …… ……**Postcode**……		
Contact number	**Email address**	
Please indicate which dates you CANNOT attend *(excluding weekends)*	**Do you require 14 day's notice of the appeal hearing date? YES/NO** If your answer is **NO,** please complete and sign the box below: I confirm that I waive my right to 14 day's notice of the appeal hearing date **Signed** **Date**	

School child currently attends or last attended *(where applicable)*	**The school you are appealing for**

Please use this space to tell us anything about your access needs *(eg: do you need an interpreter, large print, wheelchair access)*

Please write the grounds for your appeal in this space or attach a separate sheet with the information you wish to be considered:

Please note that all correspondence relating to your original application will be forwarded to the Appeal Panel unless you advise, in writing, to the contrary.

- The grounds for my appeal are set out above. You may attach additional sheets to this form.
- I wish to attend the Appeal Panel hearing unaccompanied/accompanied

I will be accompanied by:

Name……..**Title**……
PLEASE PRINT NAMES

Status of Companion……..**Relationship**……..

Checklist: Before returning this form please ensure that you have;

☐ Read the "Guide For Parents"

☐ Completed **all** relevant sections of this form (including your reason for the appeal)

☐ Enclosed any relevant evidence in support for your reasons for your appeal

☐ Signed Form to Appeal

Please note:

- **If you are in the process of moving house and this forms part of the reason/s for your appeal you should be aware that the Appeal Panel can only take account of the address you are resident at on the day of the appeal hearing.**

Signature……**Print Name**……..	**Date**……..