

NOTICE OF APPEAL FORM

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 – 01268 552536**

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.

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: The Basildon Academies			
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:	
Representation <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.

Signed _____

Date _____