

## SECONDARY ADMISSION APPEAL FORM Appeal for a place at Walthamstow Academy Secondary School

Date sent:

This form must be	e returned by:	30 March 2024
Your child has not in the relevant yea	been offered a place r group. The LA belie	at your preferred school because the school is full eves adding more pupils will prejudice the quality of t use of education resources.
oversubscribed, th to challenge wheth	ere is a strict order o	dmission Appeal. When a school is f priority for admitting pupils. You have a legal right subscribed, and how well the admission service a.
	<u>Forename</u>	<u>Surname</u>
Name of child:		
Date of birth:		Male / Female (delete where applicable)
Address:		
		Postcode:
Daytime phone n	umber:	
Email address: _		
Is the child Looke	ed After by a Local A	Authority? Yes / No (delete where applicable)
Name of Parent/C	arer	
School requested	l:	
School offered by	, LA:	



## **REASON FOR APPEALING**

Please state your case for the panel to consider and attach to this form any evidence you wish to offer in support of your appeal.
(Please use an additional sheet if required)
Signed: (Parent/Legal Guardian) Date
Name (in BLOCK CAPITALS)
Please return this form to: Admission Appeals, Walthamstow Academy, Billet Road, London, E17 5DP

If you have any queries, please telephone Secondary Admissions on 020 8527 3750 or email: <a href="mailto:info@walthamstow-academy.org">info@walthamstow-academy.org</a>
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