

SECONDARY ADMISSION APPEAL FORM

Appeal for a place at Walthamstow Academy Secondary School

Date sent:		 		
This form must I	be returned by:	30 March	n 2021	
in the relevant year	ar group. The LA b	elieves addin	referred school because ig more pupils will prejud ducation resources.	
oversubscribed, the right to challenge	here is a strict orde	er of priority fo	n Appeal. When a school or admitting pupils. You cribed, and how well the	have a legal
	<u>Forename</u>		Surname	
Name of child:				
Date of birth:		N	fale / Female (delete wher	re applicable)
Address:				
			Postcode:	
Daytime phone r	number:			
Email address: _				
ls the child Look	ed After by a Loc	cal Authority	? Yes / No (delete where a	oplicable)
Name of Parent/	Carer			
School requeste	d:			
School offered h	ων I Δ·			



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: admissions@walthamstow-academy.org

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