

# The Archer Academy

Realising potential. **Inspiring creativity.** Engaging with our community.

## Application to appeal

### Information for Applicants:

Please complete this form in **black ink** or **type** in the spaces provided. If you need more space than is provided, please continue on an additional sheet of paper. The form must be submitted to the address below.

Please return your completed form to:

[admissions@thearcheracademy.org.uk](mailto:admissions@thearcheracademy.org.uk) or  
Mrs Sharon Walsh  
The Archer Academy  
Lower School Campus  
Eagans Close  
London N2 8GA

Ref. No.  
(Office Use  
Only)

### Declaration and Signature of Parent/Guardian:

- I wish to exercise my right of appeal under the School Standards & Framework Act 1998 for a place at The Archer Academy School as I have been refused a place at this school.
- I certify that I am the person with parental responsibility for the child named above and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing my appeal will be heard in my absence using the information on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.

Signed:

Date:

### Name of Child

Surname:

Forename:	
Date of Birth:	

Current or Previous School:		
Allocated School (the school at which your child has been offered a place:		
Parents'/ Guardians' Contact Details	Name:	
	Address:	
	Email Address:	
	Home Telephone No:	
	Mobile No:	
	Relationship to child:	

Do you require an interpreter or signer? If you do require us to arrange an interpreter or signer please provide us with details as soon as possible.	YES/NO	Please select your choice
Do you wish to attend your appeal in person?	YES/NO	Please select your choice
Will you be represented at your appeal?	YES/NO	Please select your choice
Does your child currently have a statement of Special Educational Needs? If so, your appeal should take place through the SEN team at your Local Authority.	YES/NO	Please select your choice
Are there any days or dates when you would not be able to attend a hearing?		

**Grounds for Appeal:**

Please outline the reasons for your appeal below and continue on a separate sheet if necessary. This section should be completed even if you intend to attend the hearing in person. Your statement will be before the Appeal Committee at the hearing. We suggest you read The Archer Academy timetable and guidance document prior to writing your statement.