



# ASHMOLE ACADEMY

Appeal for Year \_\_\_\_\_

**PLEASE COMPLETE IN BLACK INK AND RETURN TO:** The Clerk to the Governors, ASHMOLE ACADEMY,  
Cecil Road Southgate, London, N14 5RJ

I/We wish to appeal for a place for our child at Ashmole Academy

Full Name of Child: ..... Date of Birth: .....

Present or Last School: .....

Address of Child: .....

.....

Address of parent(s) if different .....

Telephone number(s) at which parent(s)

May be contacted during office hours .....

**If you require us to arrange an interpreter or signer please provide us with details as soon as possible.**

**Grounds of appeal:** *(Please submit a detailed statement of your case, 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).*

Name and signature of parent(s)\* making the appeal:

Name (printed) (Mother) ..... (Father) .....

Signature (Mother) ..... (Father) .....

\* If other relationship, please indicate with reasons

Date: .....

Unless all sections of this form are completed the Appeals Committee will not be activated.