Harris Boys' Academy
East Dulwich

Enterprise and Sport

Principal: Bart Cannon

Harris Boys' Academy East Dulwich
Lyall Avenue, Kingswood Estate
London SE21 8QS
t. 020 8761 1910
f. 020 8761 6566
e. info@harrisdulwichboys.org.uk
w. www.harrisdulwichboys.org.uk

Date:

Dear Applicant

APPEAL AGAINST ADMISSION DECISION

To enable an independent appeal panel to consider the decision not to offer a place to your child, please complete the attached form and return it to the Harris Boys' Academy, East Dulwich within the next 10 school days.

The hearing will be arranged by ***Clerks Associates*** and they will write to you directly to explain the process and provide the date and time of the hearing. You will be contacted by them at least 10 days before the appeal will be heard. It will take place during normal school hours at *(venue to be decided).*

Please state the reasons for the appeal as clearly as possible on the form and enclose medical or professional documents (copies) as evidence, if appropriate. You may continue your statement on a separate sheet which should be attached to the form.

You must sign and date the form as well as stating you relationship to the child.

Please return the completed for to the Academy at the following address:

Mrs I Morton
Academy Secretary
The Harris Boys' Academy, East Dulwich
Lyall Avenue
Kingswood Estate
London – SE21 8QS

Yours sincerely

B. Cannon

B. Cannon
Principal

Harris Boys' Academy
East Dulwich

Enterprise and Sport

APPEAL AGAINST ADMISSION DECISION

Applicant's Surname		First Name	
Home Address		Date of Birth	
		Current School	

Parent/Carer Details:

Title		Surname		First Name	
Home Address					
Home Phone			Mobile Phone		
Email Address					

Title		Surname		First Name	
Home Address					
Home Phone			Mobile Phone		
Email Address					

Parent/Carer Statement:

I wish to appeal to an independent appeal panel against the decision not to offer my son a place at Harris Boys' Academy, East Dulwich. My reasons for this are as follows:

_____

_____

_____

_____

_____

_____

_____

_____

Please attach copies of medical/professional documents as evidence of the appeal reason.

Signed: _____ Relationship to Child: _____

Signed: _____ Relationship to Child: _____

Date: _____