

In-Year Admissions NOTICE OF APPEAL



Please return the completed form

to:

The Admissions Team Sir Christopher Hatton Academy, Email: admissions@hattonacademy.org.uk

I wish to appeal a	gainst the decision not to	offer my child	d a place	at SCHA in Year	
(Please bear in mi	ind that admission appeal Academy)	s take 30 scho	ool days t	o arrange from r	eceipt of
First name(s) of C	hild				
Last name of Chil	d				
Date of Birth					
Current School					
Allocated School					
Name of Appellar					
Address					
Telephone numbers (daytime/mobile)					
Email					
Relationship to child					
Please tick: I wish to attend the appeal hearing (date and time will be advised); (If you are unable to attend, the appeal will be heard in your absence)					
I wish to be accor	npanied by a friend				
Name Relationship					
Signed			Date		

Reason For Appeal						



