



ISLAMIA PRIMARY SCHOOL
ESTABLISHED 1983

NOTICE OF APPEAL

For parents/carers seeking to appeal

Send completed appeal form and any attachments to: appeals.mec@gmail.com
Or, by post to: Sharon Hall, Independent Clerk, MEC Ltd, 1 Beamway, Dagenham, Essex RM10 8XR
If you are appealing for two or more children each child must have a separate form
Please share a copy of the appeal form and any attachments to: admissions@islamia.brent.sch.uk

Child's details:

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Sex	<input type="checkbox"/> Boy <input type="checkbox"/> Girl

Parent/carer's details:

First name	<input type="text"/>	Last name	<input type="text"/>
Address	<input type="text"/>		
Town / City	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone Daytime	<input type="text"/>	Phone Evening	<input type="text"/>
Email address	<input type="text"/>		

Appeal details:

Appealing for school	<input type="text"/>	Appealing year group	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Please give the details of any brothers or sisters already attending this school:

Sibling 1: first name	<input type="text"/>	Sibling 1: last name	<input type="text"/>
Sibling 1: date of birth	<input type="text"/>	Sibling 1: year group	<input type="text"/>
Sibling 2: first name	<input type="text"/>	Sibling 2: last name	<input type="text"/>
Sibling 2: date of birth	<input type="text"/>	Sibling 2: year group	<input type="text"/>

Representation – please indicate YES only in those boxes that apply to your case

I/We will be attending the appeal to make oral representations (written grounds still required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We are submitting these written representations only and will not be attending the appeal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We have asked a representative to present the case on my/our behalf If YES please fill in details below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We will be present to accompany our representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/We are agreeable to receiving less than 10 school days' notice of the date of the appeal hearing (may be possible on occasions)

Yes

No

Name, address and status of your representative (if applicable)

First name

Last name

Address

Town / City

Postcode

Any special requirements you or your representative have which we need to be aware of?

Grounds of appeal:

Please set out the grounds and reasons for your appeal

(If there is not enough space please use additional sheets of A4 size paper, and number the foot of each page please).

Please refer to the Admissions Appeals Guidance notes for the two main grounds for the appeal.

Please confirm that you would like to receive correspondence regarding the appeal hearing, including the appeal decision letter by email:

Yes

No

Parent/carer's signature

Date