



Appeal Application Form – In Year Appeals

Notes for completion:

- Please complete Pages 1 and 2 in capital letters using black ink or type-written.
- Please ensure the form is returned as soon as possible.
- The date of the appeal will be notified to you in writing.

Full Name of Student					
Date of Birth		Gender	Female		Male
Address of Student					
Name of Parent/Guardian					
Address of Parent / Guardian (if different from above)					
Contact Telephone Numbers	Day		Evening		
Email Address					

This appeal form should be returned to the:

Clerk of the Appeals panel, Mrs C Cliffe (Office Manager), Kettering Science Academy, Deeble Road, Kettering, Northamptonshire, NN15 7AA

Please note that additional evidence to that submitted on this form regarding the grounds for appeal can be submitted by parents to Mrs C Cliffe at the above Academy address.

Grounds For Appeal (to be completed by Parent / Guardian)

If necessary, please continue on a separate sheet and attach any supporting evidence to this form.

Signature (Parent / Guardian)

Date of Submission of Appeal

Please place student on the Waiting List if the appeal is NOT upheld

Yes

No

Please indicate if you intend to be present at the Appeal or will have a representative with you or representing you.

Yes

No

Please indicate if you require Disabled Access

Yes

No

Please indicate if you require the facilities of a Language / Sign Interpreter

Yes

No

Please state requirements