



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:

Admissions Administrator, Kettering Science Academy, Deeble Road, Kettering, Northamptonshire, NN15 7AA, or by email to enquiries@ketteringscienceacademy.org

Please note that any evidence in addition to that submitted on this form can be emailed or returned to 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