

Notice of Admission Appeal

Please complete both sides of this form in black ink then sign and return the form and any attachments to college in person or via email to ksmith@marsdenheights.co.uk.

I wish to appeal against the decision to not provide education for my child at Marsden Heights Community College.

Child Surname:			
Child Forename(s):			
Date of Birth:		Year Group appealing for:	
Names and dates of birth for any sibling attending Marsden Heights (If applicable):			
Is your child currently attending school, if so, please state which one:			
If no to above, have you been provided a school by the local authority? If so, please state which one:			

Parent / Carer name:			
Home Address:			
Postcode:			
Distance from College in miles:			
Telephone numbers:	Home:		
	Mobile:		
	Work:		
Email Address:			

Please tick:	Yes	No
We/I will be attending the hearing:		
We/I agree to less than 14 days' notice of the appeals hearing (Note: This may help us to slot in late applications for appeal).		

If you need support with language, then you are able to bring a representative. If you would like to bring a representative, please complete the following section:

Representative's name:	
Representative's address:	
Representative's telephone number:	

If you are unable to find a translator, then please state the language and we will endeavour to support you.

Language required:

Headteacher: Mr J Delve

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Marsden Heights Community College
Edge End Lane
Nelson
BB9 0PR
t: 01282 683060
e: admin@marsdenheights.co.uk
w: marsdenheights.co.uk



Please use this space to explain your grounds for appeal (continue on a separate sheet if necessary):

Please list any attachments submitted alongside this form:

Please note: If you do not attend the hearing your appeal will be decided on the information provided on this form. You will receive notification from the Clerk as to the date and time of your appeal.

Signed:

Date:

Name:

For College use only:

Date received:

Date of appeal:

Appeal decision:

Headteacher: Mr J Delve

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