



APPEAL APPLICATION FORM FOR YEAR 7 INTAKE

Please return your completed form to the Director of Operations, Rivers Academy West London, Tachbrook Road, Feltham, Middlesex. TW14 9PE or via email to admissions@rivers-aspirations.org

I wish to appeal against the decision to refuse admission for my child to attend Rivers Academy West London.

Pupil Name:	
Date of Birth:	
Parent/Carer(s) Name(s):	
Address and postcode: (this should be the child's main address)	
Contact telephone number(s):	
Parent's email address	
Name of current school:	
Name of school offered:	
Do you need an interpreter? If so, please state the language:	
I have read the information relating to the school admission appeals and wish to appeal under the terms of the School Standards Framework Act 1998, as amended by the Education Act 2002, against the decision of the governors not to offer my child a place at Rivers Academy West London. The reason(s) why I wish to attend this school are:	
Reason(s) for appeal:	