**ADMISSION APPEAL FORM**

**Admission appeals for the London Design & Engineering (LDE) UTC will be administered by an Independent Person.**

If you wish to appeal against the non-allocation of a place at the LDE UTC, please return the completed form with any supporting documents to: [appeals@ldeutc.co.uk](mailto:appeals@ldeutc.co.uk) or the address at the end of this form. **This should be done no later than 28 calendar days from the notification date i.e. the date of the letter refusing your college application.**

|  |  |  |
| --- | --- | --- |
| Child’s First Names:  Click or tap here to enter text. | Child’s Surname  Click or tap here to enter text. | Child’s Gender  Choose an item. |
| Child’s Date of Birth:  Click or tap here to enter text. | Year Group Applied for:  Year 9:  Year 12: | |
| Name of Parent/Guardian:  Title: Choose an item.  First Name:Click or tap here to enter text.  Surname: Click or tap here to enter text. | Address:  Click or tap here to enter text.  Click or tap here to enter text.  Postcode: Click or tap here to enter text. | |
| Relationship to the Child:  Click or tap here to enter text. | Do you have parental responsibility for the child?  Choose an item. | |
| Home Telephone Number:  Click or tap here to enter text.  Mobile Number:  Click or tap here to enter text. | Email:  Click or tap here to enter text. | |
| Does your child currently hold a Statement of Special Education Needs or an Education, Health and Care Plan, or is currently under assessment for an Education, Health and Care Plan? | Yes | No |
| Do you believe your child has a disability as defined by the Equality Act 2010? | Yes | No |

|  |  |
| --- | --- |
| What school is your child currently attending? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Please tell us anything about your access needs (e.g. do you need an interpreter, wheelchair access?) | Click or tap here to enter text. |

**You must explain below why you are appealing. Please send any supporting evidence with this form** (please do not send school work or certificates).

|  |
| --- |
| *(If you need more space, attach a separate sheet making sure you begin with your child’s name and date of birth).* |

**Parent/Guardian Declaration:**

* I confirm that the information given for this appeal is, to the best of my knowledge, true.
* I understand that giving false or misleading information may lead to my appeal not being heard.
* I understand that if I do not attend the appeal hearing (and do not send a representative), my appeal will be heard in my absence on the basis of the information I have supplied on this form and any other information I have submitted by the hearing date.
* I am the parent/legal guardian for the child.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Please return your completed form to:**

**The London Design & Engineering UTC**

**University Way, Royal Docks**

**London, E16 2RD**

**Email:** [**appeals@ldeutc.co.uk**](mailto:appeals@ldeutc.co.uk)