

APPEAL AGAINST AN ADMISSION DECISION



IMPORTANT: PLEASE COMPLETE IN BLACK INK

PREFERRED SCHOOL	
REQUESTED DATE OF ADMISSION	

PUPIL'S DETAILS

PUPIL'S SURNAME		DATE OF BIRTH	DAY	MONTH	YEAR
PUPIL'S FIRST NAME(S)				MALE / FEMALE*	
PUPIL'S HOME ADDRESS					
	POSTCODE				
PRESENT SCHOOL					

PARENT/GUARDIAN'S DETAILS

TITLE	FIRST NAME	SURNAME			
RELATIONSHIP TO CHILD					
HOME ADDRESS (IF DIFFERENT FROM CHILD'S - We'll use this address to write to you if different to child's address)	POSTCODE				
HOME ☎	WORK ☎		MOBILE ☎		
EMAIL ADDRESS					

- **DO YOU WAIVE YOUR RIGHT TO 10 SCHOOL DAYS' NOTICE? YES/NO***
- If you waive your right to 10 school days' notice this may mean we are able to hear your appeal earlier. Legally, you should receive 10 school days' notice of your appeal date, unless you choose to waive that right. As this is school days, rather than calendar dates, this can mean a long wait for your appeal around half term or the end of term.

DO YOU WISH TO ATTEND THE APPEAL COMMITTEE IN PERSON? YES/NO*

- Please state if you have a preference on the time of day for you to attend:-. morning / afternoon
- Dates unavailable to attend.....

(Although every effort will be made, it may not be possible to comply)

- Will you be accompanied by a friend, supporter or professional representative? YES/NO*
- Will you require the services of an interpreter? YES/NO*
- If yes, please tell us which language you require?

(*Delete as appropriate)

