

FOR OFFICE USE ONLY:			
DATE RECEIVED	AREA	REF No.	YEAR GROUP

INSERT
SCHOOL
LOGO
HERE

APPEAL AGAINST AN ADMISSION DECISION

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)		
POSTCODE		
HOME ☎	WORK ☎	MOBILE ☎

- **DO YOU WAIVE YOUR RIGHT TO 10 SCHOOL DAYS' NOTICE? YES/NO***
 Legally, we have to give you 10 school days' notice of your appeal date. 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. If you waive your right to 10 school days' notice this may mean we are able to hear your appeal earlier.

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

- Please state most convenient time of day for you to attend:-.....ampm
- 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)

