



NOTICE OF APPEAL

I wish to appeal against the decision not to provide education for my child at the school.

SECTION 1: PUPIL AND SCHOOL DETAILS								
Pupil's Full Name								
Date of Birth:.....		Boy			Girl			
Present School								
Year group applied for? (Please circle)		EYU	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Have you been offered a place at any other school? If Yes, please name the school.								
SECTION 2: PARENT/CARER DETAILS								
Title	Initials	Surname			Relationship to pupil (1 st contact)			
Title	Initials	Surname			Relationship to pupil (2 nd contact)			
Current Address including postcode								
Home telephone No.		Mobile number 1 st contact			Mobile number 2 nd contact			
When did you move to this address?								

Representation (*Delete as appropriate)

- | | | |
|--|------------|-----------|
| 1. I/We* wish to attend the appeal to make oral representations. | Yes | No |
| 2. I/We* agree to the appeal being heard by the panel on written representations. | Yes | No |
| 3. I/We* agree to less than 10 days' notice of the appeal hearing (if applicable). | Yes | No |
| 4. I/We* will bring an interpreter to the hearing. | Yes | No |
| 5. Please contact us if you have any special needs of which we should be aware. | | |

Please return completed form to our School Office.

Grounds for appeal

Please give your reasons for appeal, concluding with the date and your signature.

Signed..... Date.....

Please return completed form to our School Office.