APPEAL AGAINST ADMISSION DECISION

Please complete in **BLOCK LETTERS AND BLACK INK or TYPE** I/We wish to appeal against the decision of the Governors of School not to offer my child a place at the school. 1 Full name of your child 2 Date of birth: Date Month Year 3 Title (please tick) Mr Ms Other Mrs Full name of parent(s) or guardian(s): Other Please Guardian 4 Relationship to child Parent state 5 Home address: Postcode 6 Home telephone number: 7 Mobile telephone number: 8 E mail address: 9 Name of school offered/allocated: Does your child have a disability? 10 Yes No Tick appropriate box) 11 I wish to attend my appeal in person Yes No If no, do you wish the appeal to be heard using the information on this appeal form Yes No and accompanied papers? Name and capacity of other persons 12 who will accompany you to the hearing. Please tell us if you have a disability and 13 need assistance or have any other concerns regarding access. If you need an interpreter, please bring a Yes/No/ If school to provide Bringing 14 friend/relation as we find that people you Not interpreter. Which friend/relative language? know make better translators. applicable Does your child currently have a statement 15 Yes No of Special Educational Needs? Are there any days of the week when you 16 would not be able to attend a hearing? Are you happy to receive less than 14 days 17 Yes No

Office use only	Date Received	Ack sent E / P	

notice of your hearing?

than the school offere	ealing are: know why your child's needs would only be met by attending this school rather d? Please refer to the leaflet "Admission Appeals – a guide for parents and ive reasons on this form, otherwise your appeal will not be accepted.
If necessary, please of	ontinue on a separate sheet and attach any supporting documents/evidence.
	RETURN THIS FORM TO
	Appeals Administrator
PO Box 367	7, Cuffley, Herts, EN6 4XZ or clerk@educationappeals.com
laration and Signatu	re of Parent/Carer
Having been refused a Standards & Framewo	place at the school name overleaf, I wish to exercise my right of appeal under the School Republic Act 1998
I certify that I am the p	erson with parental responsibility for the child named in section 1 and the information give y knowledge and belief.
I understand that if I do	y knowledge and belief. o not attend the hearing, my appeal will be heard in my absence using the information I ha ogether with any other information sent to the Clerk to the Appeals Panel before my heari
igned:	Date: