



APPLICATION FORM FOR AN ADMISSION APPEAL HEARING

A date for a hearing will be advised ONLY AFTER RECEIPT OF THIS FORM which must be returned to the school office no later than _____

PLEASE USE BLOCK CAPITALS throughout

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Title: (please circle) (Mr/Mrs/Miss/Ms/Dr/Other)		
First Name:		
Surname:		
Full Address with postcode:		
Email address(es):		
Telephone nos:	Home: Work: Mobile:	Home: Work: Mobile:
Child's Full Name: (including surname)		Child's Date of Birth:
Present or recent School: (if applicable)		Class Year requested at this appeal: (eg. Year 1/Year 8 etc)
School originally requested at YR/Y7 (if applicable)		
School allocated by the Local Authority: :		
Other school(s) for which you are appealing	1. 2. 3.	
Are there other supporting documents to follow?	YES/NO <i>(If 'Yes', please list & see next page)</i>	1. 2. 3. 4.
a. Has your child an Educational Health & Care Plan (EHCP)? b. Is your child on the Special Needs Register?	YES / NO YES / NO	

Who will be attending the appeal hearing?	<i>(Please circle)</i> Parent/Guardian 1 YES / NO Parent/Guardian 2 YES / NO	<i>(Please state the name and status of any friend or supporter who will be coming)</i>
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Please note:

- a. Only parents with legal responsibility for the care of the child are permitted to request an appeal. If anyone else has joint legal responsibility for the care of the child assigned through the courts, who may be living at a different address, proof must be provided before the appeal hearing.
- b. If a court order has not been obtained, written agreement for the appeal to be made must be provided by both parents unless one parent cannot be contacted.

a. I wish to appeal for a place in Year Reception for September 201....

OR:

b. I wish to appeal for an 'in-year' place in Year starting as soon as possible.

GIVE YOUR REASONS HERE FOR WANTING A PLACE AT THIS SCHOOL:

If necessary, continue on a separate sheet of paper.

(If you are submitting supporting documents not available at this time, do not delay in returning the form but please tell the school office when they might be available.)

SIGNED:Relationship to child.....

SIGNED:Relationship to child.....

DATE: