

Warden Hill Primary School Appeal Application Form

To: The Clerk to the Appeals Panel
Warden Hill Primary School
Warden Hill
Cheltenham
GL51 3DF

1. I am appealing against the decision of the Governing Body that no place is available for my child at Warden Hill Primary School from

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2. At present my child attends _____ School
(if applicable).

3. My name is (Mr/Mrs/Miss/Ms) Delete as appropriate

Surname _____

Forenames _____

* My permanent residential address is:

Telephone Numbers (Home) _____

(Day) _____

4. My child's name is:

Surname _____

Forenames _____

* Permanent residential address (if different from above):

Date of Birth ____ / ____ / ____

Sex Male / Female

*** Please note that you will be required to give evidence that your child is living at the residence stated above.**

5. I wish my child to be admitted to School in:

Month _____ Year _____

6. (a) * I wish to put my case to the Appeal Panel myself.
(b) * I wish to put my case to the Appeal Panel myself and would like to be accompanied by my partner/friend.
(c) * I wish my representative to put my case to the Appeal Panel
(d) * I wish my appeal to be decided by the Appeal Panel on written representations because:

* Please delete if inappropriate.

7. The name of my representative is:

Surname _____

Forenames _____

Address _____

Telephone No: (Day) _____

Signed _____ Date _____
(Parent/Guardian)

Please note: I shall be circulating any statement you have made in the notice of appeal but you may wish to submit further written views. The Governing Body, or its representative, the Head Teacher, will have explained to you the reasons for its decision; you need to give your reasons and explain why you think the Appeal Panel should agree with your request for a place. If you wish to send in any documents in support of your case, please do so and I will copy them (and return them if appropriate).