

## APPLICATION FOR AN INDEPENDENT ADMISSION APPEAL HEARING

## SECTION 1: NAME OF SCHOOL OR ACADEMY APPEAL IS BEING MADE FOR:

SECTION 2: NAME OF APPELLANT							
Title:		Surname:		First Names:			
Home Address:							
					Ро	stcode:	
Home Tel No:			Mobile Tel No:			Email:	

SECTION 3: NAME OF CHILD								
Surname:			First Name:			Sex:	Male	e/Female
Home Address – if different from								
above:								
					Postcode:			
Date of			If Catholic – Date of					
Birth:			Baptism:					
Name of Present School:								
Name of Allocated School:								

## SECTION 3: REASONS FOR THE APPEAL

Please give as much information as possible to support your appeal. (You should do this whether you are planning to attend the appeal hearing or not.) Please attach additional sheets/information to the form as necessary.

SECTION 4: ARRANGEMENTS FOR THE APPEAL					
<b>Do you have any</b> <b>Physical</b> If YES, please d	nents? Yes 🗌 No 🗌				
<b>Language</b> If YES, please de	etail:		Yes 🗌 No 🗌		
<b>Hearing</b> If YES, please de	Yes 🗌 No 🗌				
Are you planning to attend the appeal hearing? Yes I No I (If you do not attend the appeal hearing the panel will make a decision on the written information)					
Do you intend to be accompanied by a friend or advisor to assist in the presentation of your case ? Yes No I If YES, please detail:					
I understand that the information I have provided on this form is true to the best of my knowledge and understand that any false or deliberately misleading information on this form and/or supporting papers may affect the outcome of my appeal.					
SIGNATURE:		DATE:			
The completed form should be cent to: [Incert school details]					

The completed form should be sent to: [Insert school details]

Date Received by the Governing Body	
	D : 101/00/0010

Revised 21/08/2012