



FOR OFFICE USE ONLY:			
DATE RECEIVED	SCHOOL	REF No.	YEAR

## APPEAL AGAINST AN ADMISSION DECISION

PREFERRED SCHOOL			
REQUESTED DATE OF ADMISSION		YEAR GROUP OF PUPIL	

### *PUPIL'S DETAILS*

PUPIL'S SURNAME		DATE OF BIRTH	DAY	MONTH	YEAR
PUPIL'S FIRST NAME(S)				MALE / FEMALE*	
PUPIL'S HOME ADDRESS					
	POSTCODE				
PRESENT SCHOOL					

### *PARENT/GUARDIAN'S DETAILS*

TITLE	FIRST NAME	SURNAME			
RELATIONSHIP TO CHILD					
HOME ADDRESS (IF DIFFERENT FROM CHILD'S)					
POSTCODE					
HOME ☎	EMAIL			MOBILE ☎	

DO YOU WISH TO ATTEND THE APPEAL COMMITTEE IN PERSON? YES/NO\*

- Please state most convenient time of day for you to attend:-.....am .....pm
- Dates unavailable to attend.....

**(Although every effort will be made, it may not be possible to comply)**

- Will you be accompanied by a friend, supporter or professional representative? YES/NO\*
- Will you require the services of an interpreter? YES/NO\*
- If yes, please tell us which language you require? .....

(\*Delete as appropriate)

