

APPEAL AGAINST AN ADMISSION DECISION

|  |  |
| --- | --- |
|  REQUESTED DATE OF ADMISSION   |   |

*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 - We’ll use this address to write to you if different to child’s address)  |     POSTCODE  |  |  |
|  HOME   |  |  WORK   |  MOBILE   |
|     |  |   |   |
|  EMAIL ADDRESS   |   |  |   |

# DO YOU WAIVE YOUR RIGHT TO 10 DAYS’ NOTICE? YES/NO\*

If you waive your right to 10 school days’ notice this may mean we are able to hear your appeal earlier. Legally, you should receive 10 school days’ notice of your appeal date, unless you choose to waive that right.

**DO YOU WISH TO BE PRESENT AT THE HEARING?** YES/NO\*

**WHAT IS YOUR PREFERRED WAY OF ATTENDING THE HEARING?**

* 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*)

**REASONS FOR APPEAL**

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**(Continue on a separate sheet if necessary)**

Date Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_