

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



## APPEAL AGAINST AN ADMISSION DECISION

PREFERRED SCHOOL	
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)		
	POSTCODE	
HOME ☎	WORK ☎	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)

