



SCHOOL ADMISSION - NOTICE OF APPEAL

Year 6 – 7 2018

If you wish to make an appeal, please complete the form below (*block letters or type please*) and return it to *The Clerk to the Governors at the address below, by 4pm 11th May 2018 at the latest.*

Full name of student:		Date of Birth:	
Student's home address:			
Place required in: Year	7	Present School:	Allocated School:
<i>Name and address of parent/guardian appealing for a place on behalf of the student</i>			
Mr/Mrs/Miss/Ms	Initial:	Surname:	Relationship to student:
ADDRESS:			
PLEASE NOTE: CORRESPONDENCE WILL ONLY BE SENT TO THE PARENT/GUARDIAN WHO IS APPEALING FOR A PLACE ON BEHALF OF THE STUDENT.			
Home telephone:	Work telephone:	Mobile telephone:	
Email address:			
<i>The reasons for my appeal are as follows:</i>			
<i>Please continue on a separate sheet if necessary</i>			

Signed: _____ Print Name: _____ Date: _____

PLEASE INDICATE IF YOU WILL BE ATTENDING THE APPEAL HEARING YES/NO (please delete as appropriate)