



FOR OFFICE USE ONLY:			
DATE RECEIVED	AREA	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 if applicable					

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:-.....ampm
- 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*

