

# **Catholic School Appeal Service**

## **School Admission Appeals**

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Please read these notes before completing the form.

1. You should complete this form if you wish to appeal against the decision of the Governors not to admit your child to the school for which you have expressed a preference.
2. If you can, please provide a daytime telephone number where you can be contacted if necessary and an email address.
3. If you wish to provide any additional information in support of your appeal, please send in a copy with your completed form.
4. Please return your completed form to the school to which you are appealing for a place.

<b>For office use only</b> Date Received by school .....	Date Heard.....
Reference Number:.....	Decision:.....

<b>Your full name</b>	<b>(Parent/Guardian*)</b> delete as appropriate
<b>Your address</b> Please include postcode	
<b>Daytime telephone number:</b>	
<b>Contact Email address:</b>	
<b>Your child's name</b>	
<b>Your child's Date of Birth and Age</b>	
<b>School currently attended by your child</b>	
<b>School where your child has been offered a place</b>	
<b>School you would prefer for your child</b>	

**If you intend to be present at the appeal hearing, efforts will be made to hold your appeal hearing at a time convenient to you. If there are any dates within the next six weeks or so on which you will be unable to attend a hearing please list these below:**

**Will anyone be coming with you? Yes/No**

**If Yes please give their name(s)**

**What is their relationship to you (e.g. friend, relative)?**

**Reasons for your appeal – please give as much information as possible, continuing overleaf and/or on a separate sheet if necessary, and attach any relevant additional documentation. (See note 3)**

<b>Signed</b>
<b>Date</b>