



NOTICE OF APPEAL

Against failure to offer a place

Year
Group

Please note:

- If you are appealing for more than one child please complete a separate form for each.
- **Please complete this form in BLOCK letters using black ink.**

Child's Details			
Forename(s)		Surname	

	<i>Date</i>	<i>Month</i>	<i>Year</i>	<i>Gender (please tick/circle)</i>	
Date of Birth				Male	Female

Address			
	Postcode		

Personal Details	Yes ✓	No ✓
Is the child looked after by a Local Authority? (e.g. Foster Care)		
Does the child have a Statement of Educational Needs? Evidence Required		
Has the child been permanently excluded from any school?		
If YES please give the name of school(s) & date(s):		

Parent/Carer Details			
Surname		Forename	Mr/Mrs/Miss/Ms/Other
Daytime Phone		Mobile Number	

Current or Last School Details	
Name of current or last school attended	
Address of current or last school attended	

Appeal Grounds	Yes ✓	No ✓
Admission Process has not been applied correctly		
Special Educational Needs grounds		
Medical grounds		
Distance grounds		
Social or other reason		

Please attach to this form any evidence to support the Appeal

