

APPEAL FORM

I have been informed by the Governing Body of the following School that my child has been refused admission. I therefore wish to Appeal against their refusal to admit.

NAME OF SCHOOL:

ADDRESS:

Post Code:

PARENT'S NAME:

HOME ADDRESS:

Post Code:

TELEPHONE NO:

Daytime:	Evening:
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NAME OF CHILD:

	Boy/Girl
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DATE OF BIRTH:

PRESENT SCHOOL
AND ADDRESS:

CATEGORY OF
ADMISSION
APPLIED FOR

DATE OF APPLICATION FOR ADMISSION:

FORMS COMPLETED

Common Application Form
Supplementary Form
In Year Application

MONTH OF PROPOSED ENTRY:

DATE OF REFUSAL LETTER:

DOES THE ABOVE CHILD HAVE ANY BROTHERS OR SISTERS AT SCHOOL: Yes/No
IF YES, PLEASE GIVE AGES AND SCHOOL(S) ATTENDED:

My reasons for this Appeal are given overleaf.

I will be accompanied by[Name][Role] at the Hearing.

Completed Form to be sent to: Clerk to Governors, St. Michael's Easthampstead, Crowthorne Road, Bracknell RG12 7EH.

Our Admissions are heard by a panel convened by Bracknell Council Democratic Services and normally take place at a Council building in Bracknell Forest Local Authority Area.

Please state below the reasons for your appeal and attach any evidence you wish to rely on in support of your appeal:-

Signed:

Date: