# FURTHER INFORMATION IN SUPPORT OF AN APPEAL

(PLEASE COMPLETE THE FIRST PART OF THIS FORM IN BLOCK CAPITAL LETTERS USING BLACK INK)

|  |  |
| --- | --- |
| **FULL NAME OF CHILD** |  |
| **DATE OF BIRTH** |  |
| **NAME OF PARENT(S)** |  |
| **ADDRESS** |  |
|  |  |
| **CONTACT TELEPHONE** |  |
| **CONTACT EMAIL** |  |
| **CURRENT SCHOOL** |  |
| **PREFERRED SCHOOL** |  |
| **ALLOCATED SCHOOL** |  |
| **WAIVER** | Please be aware that there is a requirement to provide appellants (parents) with written notification of the date and arrangements for their appeal hearing no later than 14 days before it is due to take place. If we are able to timetable your appeal earlier than otherwise expected, please confirm whether you would be happy to waive your rights to 14 days’ notice? |
| **YES - I AM HAPPY TO WAIVE MY RIGHTS\*** | **NO – I AM NOT HAPPY TO WAIVE MY RIGHTS\*** |
| *\*Please delete as appropriate.* |

I have given notice of my intention to appeal against the decision of the Governing Body or Academy Trust not to comply with my wish for my child to attend the preferred school. The reasons for my appeal are detailed below. I certify the details on this form are an accurate account of this child’s current situation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please detail below your reasons for your appeal. You may use or attach separate sheets if required.

My reasons for appeal are: -

Continue overleaf as necessary

(Please continue on separate sheets if necessary)