

OFFICE USE ONLY:	
Date Appeal Form Received:	
Date of Appeal:	

Applicant details:					
Applicant's name:					
Applicant's email address:					
Applicant's telephone number:					
Do you have parental responsibility for the pupil?			YES/NO		
Child's details:					
First name:					
Last name:					
Date of birth:					
Gender:					
Address:					
Flat number or building name					
House number					
Street					
Town					
County					
Post code					
Father's contact:					
First name	Last name	Telephone number	Email address		
Mother's contact:					
First name	Last name	Telephone number	Email address		

Current School information:				
Currently attending school?	YES/NO			
School previously attended:				
School currently attending:				
School year group:				
School allocated by council's admission team:				
Information for Appeals Hearing				
Do you require a translator/communicator?				
Will you be bringing a friend/supporter to the he	earing?			
Are you planning to move in the near future?				
Dates/Days you could not attend an appeal hearing:				
Please explain fully why you wish to appeal the	decision			

If you wish to attach any documents (for example, medical information) to support your case, please do so and send to us with this application.

Independent appeal declaration: I understand that an Independent Appeal Panel will hear my appeal, which I have a right to attend. I certify that the information I have given on this form is correct. I understand that any false or deliberately misleading information on this form and/or supporting documentation or other information may render this appeal invalid or lead to any offer of a place being withdrawn.

PRINT NAME	SIGNATURE	DATE

Please send the appeal form along with any further supporting documents to admin@leagraveprimary.co.uk