

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_

**APPEAL FOR A PLACE AT: \_\_\_\_\_ SCHOOL**  
**YEAR GROUP APPEALING FOR: \_\_\_\_\_**

<b>Name of Pupil</b>	<b>Surname:</b>	<b>M / F</b>	<b>Date of Birth:</b>
	<b>Forename:</b>		DD/MM/YYYY
<b>Home Address</b>	<b>Post code:</b>		
<b>Name and initials of Parent/Guardian</b>	<b>(Mr/Mrs/Miss/Ms)</b>		
<b>Contact</b>	<b>Home:</b>	<b>Mobile:</b>	
	<b>Email:</b>		
<b>Present school and address</b>			

**PLEASE TICK THE BOX BELOW IF YOU ARE IN AGREEMENT:**

**ARE YOU IN AGREEMENT TO WAIVE YOUR RIGHT OF 10 SCHOOL DAYS NOTICE OF THE APPEAL?**  
i.e. Have your appeal appointment offered at shorter notice than 2 weeks. Agreeing to this does not affect the outcome of your appeal or your statutory rights.

**GROUND/REASONS FOR SUBMITTING THE APPEAL**

Please indicate below your reasons for appealing. You may attach additional sheets to this form.

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_

**Please continue on additional sheets if necessary. Number all additional pages and put your child's name and date of birth at the top of each page**

**LIST OF ATTACHMENTS SENT TO SUPPORT YOUR APPEAL:**

**(Please list ALL additional evidence sent to support your appeal for the Clerk's reference)**

- 1. Appeal Form
- 2.
- 3.

Notes to assist with the completion of the form:

**PLEASE SUBMIT ALL EVIDENCE YOU WOULD LIKE THE PANEL TO CONSIDER WITH THIS FORM. ANY EVIDENCE SUBMITTED LESS THAN TWO WEEKS BEFORE THE HEARING OR BROUGHT IN ON THE DAY OF THE APPEAL MAY NOT BE CONSIDERED BY THE PANEL.**

- 1. If part of the reason for your appeal is your or your child's medical/health condition it may be helpful to your case if you were able to provide written evidence of this. Medical etiquette precludes the Clerk from writing directly to your GP about such matters.
- 2. If there is a Special Educational Need, the Panel will require evidence from a suitably qualified expert.
- 3. The Panel's role is not to make its own assessment of your child's ability.

**Please note that the Clerk does not request any information or reports from Primary Schools or Medical Practitioners on your behalf. You must submit your own evidence**

Signed ..... Date .....  
(Parent/Guardian)

**PLEASE MAKE SURE THAT YOU HAVE SIGNED THE FORM, ADDED YOUR EVIDENCE, HAVE THE CORRECT POSTAGE ON YOUR ENVELOPE AND RETURN BY 29<sup>th</sup> MARCH 2019 TO:**

**Clerk to the Appeals Panel  
P.O. Box 4235, Slough, Berkshire. SL3 3FP**

**No acknowledgement of receipt of this form will be sent, unless you enclose a stamped addressed envelope. Letters sent with insufficient postage will not be collected. The date of your Appeal Hearing will be issued no later than 10 school days (unless waived) before your hearing if the form is submitted by the deadline.**