

APPLICATION FOR AN INDEPENDENT ADMISSION APPEAL HEARING

| SECTION 1: NAME OF ACADEMY APPEAL IS BEING MADE FOR: | | | | | | | | | | | |
|---|--------|----------------|--------------------------------|-------|-----------|--------|-------|---|-------------|--|--|
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| SECTION 2: | NAMI | E OF APPEI | LLANT | | | | | | | | |
| Title: | | Surname: | | First | | Names: | | | | | |
| Home Addres | ss: | | | | | | | | | | |
| | | | | | Postcode: | | | | | | |
| Home Tel No: | | Mobile Tel No: | | | Email: | | | | | | |
| | | | | | | | | | | | |
| SECTION 3: | NAM | E OF CHILD |) | | | | | | | | |
| Surname: | | | First Name: | | | | Sex | : | Male/Female | | |
| Home Address – if different from above: | | | | | | | | | | | |
| | | | | Postc | | | code: | | | | |
| Date of Birth: | | | If Catholic – Date of Baptism: | | | | | | | | |
| Name of Pre | sent S | School: | | | | | | | | | |
| Name of Allocated School: | | | | | | | | | | | |
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| SECTION 3: REASONS FOR THE APPEAL Please give as much information as possible to support your appeal. (You should do this w hether you are planning to attend the appeal | | | | | | | | | | | |
| hearing or not.) Please attach additional sheets/information to the form as necessary. | | | | | | | | | | | |
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| SECTION 4: ARRANGEMENTS FOR THE APPEAL | | | | | | | |
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| Do you have any difficulties that may require special arrangements? | | | | | | | |
| Physical If YES, please detail: | Yes □ No □ | | | | | | |
| Language If YES, please detail: | Yes□ No□ | | | | | | |
| Hearing If YES, please detail: | Yes □ No □ | | | | | | |
| Are you planning to attend the appeal hearing? (If you do not attend the appeal hearing the panel will make a decision on the written information) | | | | | | | |
| Do you intend to be accompanied by a friend or advisor to assist in the presentation of your case? If YES, please detail: | Yes ☐ No ☐ | | | | | | |
| | | | | | | | |
| I understand that the information I have provided on this form is true to understand that any false or deliberately misleading information on thi may affect the outcome of my appeal. | the best of my knowledge and s form and/or supporting papers | | | | | | |
| SIGNATURE: DATE: | | | | | | | |
| The completed form should be sent to: Mrs Middleton-Hill C/O St Thomas More Catholic Academy, Longton Hall Road, Longton, Stoke-on-Trent, ST3 2NJ | | | | | | | |

Date Received by the Board of Directors