

# APPLICATION FOR AN INDEPENDENT ADMISSION APPEAL HEARING

<b>SECTION 1: NAME OF ACADEMY APPEAL IS BEING MADE FOR:</b>

SECTION 2: NAME OF APPELLANT									
Title:		Surname:		First Names:					
Home Address:									
					Postcode:				
Home Tel No:			Mobile Tel No:			Email:			

<b>SECTION 3: NAME OF CHILD</b>					
<b>Surname:</b>		<b>First Name:</b>		<b>Sex:</b>	<b>Male/Female</b>
<b>Home Address – if different from above:</b>					
				<b>Postcode:</b>	
<b>Date of Birth:</b>		<b>If Catholic – Date of Baptism:</b>			
<b>Name of Present School:</b>					
<b>Name of Allocated School:</b>					

[illegible]

<b>SECTION 4: ARRANGEMENTS FOR THE APPEAL</b>	
<p><b>Do you have any difficulties that may require special arrangements?</b></p> <p><b>Physical</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If YES, please detail:</p>	
<p><b>Language</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If YES, please detail:</p>	
<p><b>Hearing</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If YES, please detail:</p>	
<p><b>Are you planning to attend the appeal hearing?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>(If you do not attend the appeal hearing the panel will make a decision on the written information)</p>	
<p><b>Do you intend to be accompanied by a friend or advisor to assist in the presentation of your case?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If YES, please detail:</p>	
<p><b>I understand that the information I have provided on this form is true to the best of my knowledge and understand that any false or deliberately misleading information on this form and/or supporting papers may affect the outcome of my appeal.</b></p>	
<b>SIGNATURE:</b>	<b>DATE:</b>

**Mrs Middleton-Hill**

**Date Received by the Board of Directors**

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