St Thomas More Catholic Academy
FAITH | EXCELLENCE | RESPECT

APPLICATION FOR AN INDEPENDENT ADMISSION APPEAL HEARING

SECTION 1: NAME OF ACADEMY APPEAL IS BEING MADE FOR:
St Thomas More Catholic Academy

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

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

SECTION 3: REASONS FOR THE APPEAL Please give as much information as possible to support your appeal. (You should do this whether you are planning to attend the appeal hearing or not.) Please attach additional sheets/information to the form as necessary.

SECTION 4: ARRANGEMENTS FOR THE APPEAL

Do you have any difficulties that may require special arrangements?

Physical **Yes** ☐ **No** ☐

If YES, please detail:

Language **Yes** ☐ **No** ☐

If YES, please detail:

Hearing **Yes** ☐ **No** ☐

If YES, please detail:

Are you planning to attend the appeal hearing? **Yes** ☐ **No** ☐

(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? **Yes** ☐ **No** ☐

If YES, please detail:

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.

SIGNATURE:		**DATE:**	

The completed form should be sent to:

Mr Robert Flello

C/O St Thomas More Catholic Academy, Longton Hall Road, Longton, Stoke-on-Trent, ST3 2NJ

Date Received by the Board of Directors	