

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:					

[illegible]

[illegible]

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 D Ball Chair of the Board of Directors, St Thomas More Catholic Academy, Longton Hall Road, Longton, Stoke-on-Trent, ST3 2NJ

Date Received by the Board of Directors