

CHILD'S NAME DOB

APPEAL FOR A PLACE AT: SCHOOL

YEAR GROUP APPEALING FOR:

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

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 grounds for the appeal by ticking the box below.

- The Admissions Committee failed to properly apply the published admissions criteria
- Other grounds for appeal specific to your child only

Please state your reasons for the appeal. 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 ONE WEEK 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/School 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 School Admissions will not request any information or reports from Primary Schools or Medical Practitioners on your behalf. You must submit your own evidence

Signed Date
(Parent/Carer)

PLEASE MAKE SURE THAT YOU HAVE SIGNED THE FORM, ADDED YOUR EVIDENCE, HAVE THE CORRECT POSTAGE ON YOUR ENVELOPE AND RETURN IT TO:

Admissions Officer, Vyners School, Warren Road, Ickenham, Uxbridge, Middlesex UB10 8AB.

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.