**APPLICATION FOR AN INDEPENDENT**

**ADMISSION APPEAL HEARING**

|  |
| --- |
| **SECTION 1: NAME OF SCHOOL OR ACADEMY APPEAL IS BEING MADE FOR:** |
|  |
|  |
| **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:**Due to current legislation in place, your appeal may be heard by video conferencing.****Do you wish to attend the appeal hearing? Yes [ ]  No [ ]** (If you do not attend the appeal hearing the panel will make a decision based on the written information that you submit in advance.)**Do you intend to be accompanied at the appeal hearing 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: **admin@bishopullathorne.co.uk**

|  |  |
| --- | --- |
| **Date Received by the Board of Directors** |  |

Revised 30/09/21