

**APPLICATION FOR AN INDEPENDENT**

**ADMISSION APPEAL HEARING**

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| **SECTION 1: NAME OF SCHOOL OR ACADEMY APPEAL IS BEING MADE FOR:** | | | | | | | | | | | | |
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| **SECTION 2: NAME OF APPELLANT** | | | | | | | | | | | | |
| **Title:** |  | | **Surname:** | | |  | | **First Names:** | |  | | |
| **Home Address:** | | | |  | | | | | | | | |
|  | | | | | | | | | **Postcode:** | | |  |
| **Home Tel No:** | |  | | | **Mobile Tel No:** | |  | | | | **Email:** |  |

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| **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:** | | |  | | | | | | | | |

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| **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. |
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| **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**

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

Revised 30/09/21