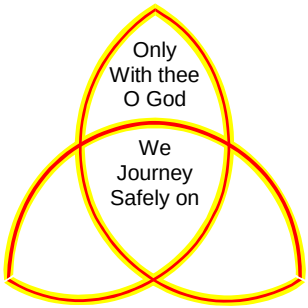

ADMISSION APPEAL FORM

HOLY TRINITY C OF E SCHOOL
ADMISSION APPEAL FORM
Surname of child: Other name(s): Date of birth: Name of parent(s)/guardian(s) Home Address: Home telephone: Daytime telephone (if different): Child's current school (if applicable):
I wish to appeal against the governors' decision not to offer my child a place: I wish to attend the appeal in person: Yes ☐ No ☐ (Tick appropriate box) I wish to be represented at the appeal: Yes ☐ No ☐ (Tick appropriate box) If you wish to be represented, please give details: Name of representative: Occupation of representative: Address of representative: Telephone No:
If you have other children, please give details below: Name: Age: School attended:
My reasons for appealing are as follows: (Please attach additional sheets, if necessary.)
Signed: Date:
This form must be returned to the Clerk to the Admission Appeal panel, *(give name of clerk and address or care of the school)* by 12.00 hours on .....