

FURTHER INFORMATION IN SUPPORT OF AN APPEAL

(PLEASE COMPLETE THE FIRST PART OF THIS FORM IN BLOCK CAPITAL LETTERS USING BLACK INK)

FULL NAME OF CHILD	
DATE OF BIRTH	
NAME OF PARENT(S)	
ADDRESS	
CONTACT TELEPHONE	
CONTACT EMAIL	
CURRENT SCHOOL	
<u>ALLOCATED SCHOOL</u>	
PREFERRED SCHOOL	

I have given notice of my intention to appeal against the decision of the Governing Body not to comply with my wish for my child to attend my preferred school stated above. The reasons for my appeal are detailed below. I certify the details on this form are an accurate account of this child's current situation.

Signed: _____ Date: _____

Please detail below your reasons for your appeal. You may use or attach separate sheets if required.

My reasons for appeal are: -

Continue overleaf as necessary

[illegible]