

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 Name	s:				
Home Address:										
						Post	tcode:			
Home Tel No:		Mobile T	ſel No:				Email:			
SECTION 3: I	NAME OF CH	IILD								
Surname:			First N	ame	61			Sex:	Male	e/Female
Home Address above:	s – if differen	t from								
						F	Postcode:			
Date of Birth:			If Cat	holic	c – Date of B	aptis	m:			
Name of Prese				_						
Name of Alloc	ated									
School:										
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SECTION 4: AR	RANGEMENTS FOR THE APPEA	L						
Do you have any Physical If YES, please de	difficulties that may require spe	cial arranç	gements?	Yes □ No □				
Language If YES, please de	tail:			Yes □ No □				
Hearing If YES, please de	tail:			Yes □ No □				
For your information, it is possible that your appeal may be heard by video conferencing. This will be confirmed to you when you are notified of the date of your appeal hearing. Are you planning to attend the appeal hearing? (If you do not attend the appeal hearing the panel will make a decision on the written information that you submit in advance)								
	be accompanied by a friend or a resentation of your case? tail:	dvisor		Yes □ No □				
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: The Chair of Governors, c/o Mrs C Ridley, St Edmund's Catholic Academy, Compton Park, Compton Road West, Wolverhampton, WV3 9DU								
Date Receive	ed:							