

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:							
					Ро	Postcode:	
Home Tel No:			Mobile Tel No:			Email:	

SECTION 3: NAME OF CHILD									
Surname:			First Name:				Sex:	Mal	e/Female
Home Address – if different									
from above:									
						Postcode:			
Date of			If Catholic – Date of		of				
Birth:			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: AF	RANGEMENTS FOR THE APPEAL				
Do you have an Physical If YES, please de	/ difficulties that may require special a tail:	rrangem	ents? Yes 🗌 No 🗌		
Language If YES, please de	tail:		Yes 🗌 No 🗌		
Hearing If YES, please de	tail:		Yes 🗌 No 🗌		
Are you planning to attend the appeal hearing? Yes No (If you do not attend the appeal hearing the panel will make a decision on the written information)					
	be accompanied by a friend or advise presentation of your case? tail:	er	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 formand/or supporting papers may af <u>f</u> ect the outcome of my appeal.					
SIGNATURE:		DATE:			

The completed form should be sent to: Mrs L Keogh, Cardinal Wiseman Catholic School, Potters Green Road, Coventry, CV2 2AJ

Date Received by the Board of Directors	