

# School Admission Appeal



I/We wish to appeal against the decision of the Governors  
of **St Michael's Catholic Grammar School, N12 7NJ**  
not to offer my/our child a place at the school.

OFFICE USE ONLY
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## Please type of use BLOCK capitals

1	Full name of your child								
2	Date of birth	Date		Month		Year			
3	Title (please tick)	Mr		Mrs		Ms		Other	
	Full name of parent(s) or guardian(s):								
4	Relationship to child	Parent		Guardian		Other Please state			
5	Home address								
		Postcode							
6	Home telephone number								
7	Mobile telephone number								
8	E mail address								
9	List schools applied for and order of preference	1		4					
		2		5					
		3		6					
10	Allocated school (state current if in year appeal)					Current/allocated	<i>please delete</i>		
11	Does your child have a disability?	Yes		No		<i>Tick appropriate box</i>			
12	I wish to attend my appeal in person	Yes		No					
13	Name and capacity of other persons who will accompany you to the hearing.								
14	Please tell us if you have a disability and need assistance or have any other concerns regarding access								
15	If you need an interpreter, please bring a friend/relative as we find that people you know make better translators	Bringing friend/relative		I cannot bring a friend relative and require a translator.		<i>Please state language</i>			
16	Does your child currently have an Education Health Care Plan (Statement) ?	Yes		No					
17	Are there any days of the week when you would not be able to attend a hearing?								
18	Are you happy to receive less than 14 days notice of your hearing.	Yes		No					

Office use only	Date Received		Ack sent E/P	
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**My reasons for appealing are:**

*The Appeals Code states that you MUST give your reasons when lodging your appeal. Please ensure to include why you believe that your child's needs can only be met by attending this school. If you do not give your grounds, this form will not be accepted.*

If necessary, please continue on a separate sheet and attach any supporting documents/evidence.

**RETURN THIS FORM TO**  
**EMAIL: [clerk@educationappeals.com](mailto:clerk@educationappeals.com)**  
**Or POST: Clerk to the Independent Appeal Panel**  
**PO Box 367, Cuffley, Herts, EN6 4XZ**

**Declaration and Signature of Parent/Carer**

- Having been refused a place at the school name overleaf, I wish to exercise my right of appeal under the School Standards & Framework Act 1998. I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.
- I agree for my data to be stored electronically and to be contacted by post, e mail and telephone. I agree to copies of paperwork submitted to be sent to panel members and the school you are appealing for a place.
- **I enclose two household bills with proof of address dated within the last three months. e.g. Council Tax, bank statement, rent book, telephone bill, water bill.**

Signed

Date