

Independent Appeal Panel

Appeal Against Admissions Decision Form

| | | |
|--------------|------|------|
| Ref No. | M | Att. |
| Ref H.A. | Sch. | |
| Date issued: | / | / |

Before completing this form it is important that you read the Parents' Guide to Admission Appeals. Please ensure that you complete the form fully. If the form is not completed fully we may have to return the form to you delaying your appeal.

Please complete in **CAPITAL LETTERS**

Child's family or surname name(s):

Child's first name(s):

Date of Birth:

 / /

Male

Female

School currently or last attended:

School your child has been allocated a place at (if more than one, please state all schools offered):

Please enter the name of the school you have been refused but wish to appeal for a place at *

Name of parent(s) or guardian(s) – *(delete as appropriate)* **Please Print:**

If you are the child's guardian, please specify your actual relationship with the child:

Home address:

Postcode:

Email:

Telephone numbers - Home:

Work:

Mobile:

* Please read the guidance notes Page 2 before completing his section.

Attending the Appeal (please tick as appropriate):

I wish to attend in person

I do not wish to attend in person

I wish to be accompanied by a friend/relative as follows (please specify):

Name:

I will be represented by

Enter the full name, address and contact number/s of your representative here:

Name:

Address:

Postcode:

Email:

Telephone numbers - Home:

Work / Mobile:

If there are any dates or times you cannot to attend a hearing (eg. if you are away on holiday) please specify here:

If you require any assistance e.g. interpreter (please specify language), wheelchair access, signer, or other, please gives details here and we will arrange.

Signature or parent or guardian

Date

If this form has been filled in by someone else on your behalf:

Name of person completing the form **(PLEASE PRINT)**:

Signature:

Continued overleaf:

If you have any enquiries relating to your application or if you require this information in either large print, Braille, audio tape and community languages, or if you need help in filling out this form, please contact the Appeals Team.

Education Appeals Team
Democratic & Legal Services
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London Borough of Croydon
Taberner House
Park Lane
Croydon, CR9 3JS

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Fax: 020 8407 1322

Email: barbara.costello@croydon.gov.uk

**You do not have to complete this section if you don't want to.
However, if you do, the information will be kept confidential.**

Ethnic Monitoring Classification List

| | | | |
|-------------------------|--------------------------|--------------------|--------------------------|
| White British | <input type="checkbox"/> | Other Black | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| White Other | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| White & Black Caribbean | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| White & Black African | <input type="checkbox"/> | Other Asian | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Other Mixed | <input type="checkbox"/> | Other Ethnic Group | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | Please specify | <input type="text"/> |
| African | <input type="checkbox"/> | | <input type="text"/> |