



FORM FOR APPEALING AGAINST A DECISION NOT TO OFFER A PLACE FOR RECEPTION IN SEPTEMBER 2019

If you have not been offered a place in Reception at **Gilbert Scott Primary School** for September 2019, you have a right to appeal if you feel the decision is incorrect. To lodge an independent appeal, please complete the following in **BLOCK CAPITALS** and tick the appropriate boxes. This form must then be returned to the address shown at the bottom of the next page by **4pm on Tuesday 21 May 2019**.

Title:

Mr		Mrs		Ms		Other	
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Full name of parent(s) or guardian(s):

Relationship to child:

Home address:

Post Code

Home telephone number:

Mobile telephone number:

Contact Email address:

Full name of child:

Date of birth:

Date			Month			Year	
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Male/Female:

I wish to attend the appeal in person:

Yes		No	
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Please tell us if you have a disability and need assistance or have any other concerns regarding access:

If you need an interpreter, please bring a friend/relation: **Yes/No/not applicable**

Name of friend or relation:
<input type="text"/>

My reasons for appealing are:

If necessary, please continue on a separate sheet and attach any supporting documentation/ evidence. If you do not yet have the supporting documentation please send this form by the deadline shown on the previous page, and then send the supporting evidence to us separately **by Monday 3 June 2018**.

Declaration and Signature of Parent/Guardian:

- I wish to exercise my right of appeal under the School Standards & Framework Act 1998 for a place at Gilbert Scott Primary School as I have been refused a place.
- I certify that I am the person with parental responsibility for the child named above and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing the appeal will be held 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 the deadline for submissions of supporting documentation.

Signed:

Date:

Admin use only:	Date received		Received by Clerk	
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RETURN THIS FORM TO:

Clerk to *The Collegiate Trust*
C/O Riddlesdown Collegiate
Honister Heights
Purley
Surrey
CR8 1EX