**Admission appeal application form 2024**

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|  | **Parent (Carer) 1** | **Parent (Carer) 2** |
| Title: Mr/Mrs/Ms/Dr/Other |  |  |
| First Name: |  |  |
| Family Name (Surname): |  |  |
| Full address with postcode: |  |  |
| Telephone number (s): |  |  |
| Email: |  |  |
| Child’s full name: |  |  |
| Current School: |  |  |
| School allocated by L.A. for September: (if applicable) |  |  |
| Will you be submitting additional supporting documents? | Yes/No | If yes, this must be received at least one week prior to your hearing date, which will be advised in due course. |
| Who will be attending the appeal hearing? | Parent/Carer 1  Yes/No | Please give details of any additional attendees and their roles e.g.  Family members, medical supporter. |
|  | Parent/Carer 2  Yes/No |  |