

Admissions Appeal Form

I wish to appeal against the refusal to admit my child to St Philomena's Catholic Primary School.

Child's surname.....

Child's forename(s)

Child's date of birth **male / female**

At which school(s) has your child been offered a place (if applicable)?

.....

Proposed date of admission

Please tick the following boxes to enable us to arrange your appeal.

Do you wish to attend the appeal hearing and state your case in person? **YES / NO**

Do you wish to be accompanied by a friend or representative* **YES / NO**

If YES please state name and in what capacity (e.g priest, friend, family, legal advisor etc)

.....

Does your child have a Statement of Educational Needs or is the Local Authority preparing a Statement of Educational Needs for your child? **YES / NO**

Do you have a disability which would hinder your attendance at the meeting.? **YES / NO**

Do you require the assistance of an interpreter? **YES / NO**

If YES please state which language.....

Your relationship to the child (father/mother/carer/guardian etc)

Name of parent/carer/guardian

Full address including postcode

.....

.....

Daytime telephone number mobile

Signed Date

*** If you are accompanied by a Choice Advisor, locally elected politician or employee of the local authority (eg. social worker, SEN advisor etc) you must ensure that their attendance would not lead to a conflict of interest. You may not be accompanied by an employee of the school or a member of the school Governing Body.**

Please return to: Appeal Panel

c/o St Philomena's Catholic Primary School, Chelsfield Rd, Orpington BR5 4DR