



## SCHOOL ADMISSION APPEAL FORM

This form and any other supporting documentation must be returned to:  
 The Admissions Appeal Clerk, c/o St Richard's Catholic College

### Details of Child

Surname:		Forename/s:	
Date of Birth:		Gender:	
Present School:		Allocated school:	
Year Group:			

### Your Details

Title:	Mr / Mrs / Miss / Ms / Other <i>(delete as appropriate)</i> :		
Full Name:			
Address:	Home Tel No:		
	Mobile Tel No:		
	Email:		
Relationship to Child: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/> <i>please give details</i>			
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### Attendance at the Hearing

- a) Do you wish to attend the appeal hearing? Yes  No
- b) Do you wish someone to represent you at the appeal hearing? Yes  No
- c) Do you wish to call a witness to attend the appeal hearing? Yes  No
- If you answer **YES** to b) or c) above, please give the name and occupation of your representative and/or witness:

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- d) Do you require an interpreter or signer to be present at the hearing? Yes  No
- If your answer is **YES** to d), please give details below:

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- e) Please give details here of any other matters which you think may affect the arrangements for the hearing

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**Grounds for Appeal**

Please write below the reasons why you wish to appeal (including the reasons for wanting St Richard's Catholic College) continuing on separate sheets, if needed.

**Any other information you consider relevant to your Appeal:  
(including particulars about your child)**

**Please sign to certify that the information given on this form is correct to the best of your knowledge:**

**Signature:** ..... **Date:** .....