**St Mary’s CEVA Primary School**

**School Admission – Notice of Appeal**

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| **Parents/ Guardian details** |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| Name |  |  |
| Parent or Guardian? |  |  |
| Address |  |  |
| Are you moving to a new address? |  |  |
| Email |  |  |
| Phone | Home |  |
|  | Work |  |
|  | Mobile |  |
| **Child Details** |
| Name |  |
| Date of Birth |  |
| Current school |  |
| Statement of SEN? | Yes/ No |
| **Details of appeal** |
| School allocated (if Reception intake) |  |
| First appeal? | Yes/No |
| Do you intend to attend the appeal hearing? | Yes/No |
| Do you intend to call a witness? | Yes/No |
| Do you intend to be represented at the hearing?  | Yes/No |
| Do you intend to supply additional documentary evidence? | Yes/No |
| Please give your reasons for appeal: |
| Signature:  | Date: |