

Please tick appropriate box

I intend to appear at the appeal hearing in person *	
I intend to send in a written statement to be placed before the Appeal Committee *	

* **We strongly encourage parents to attend the appeal hearing, as this will enable you to fully state your case to the Appeal Panel.**

If you are stating medical reasons as a basis of your appeal, please enclose a Doctor's or Hospital Certificate or Statement.

I enclose a copy of all letters and documents which I intend to refer to at the hearing of the appeal.

Please list:

Signed: _____ (parent)

Date: _____

THIS NOTICE OF APPEAL TO BE RETURNED TO:

**ARCHBISHOP BLANCH SCHOOL
MOUNT VERNON ROAD
LIVERPOOL
L7 3EA**