



ARCHBISHOP BLANCH SCHOOL

NOTICE OF APPEAL

Please complete each section of the form.

Child's Information:

Full Name:	
Date of Birth:	
Home Address including post code:	
Current School:	
Current Year Group	

Parent's/Guardian's Information:

Full Name:	Mr/Mrs/Ms/Dr
Address: (If different to above)	
Mobile Telephone Number	
Land line number	
Email address	
Relationship to child (ie: Parent/Guardian)	

Additional Information: Please circle

* Do you intend to attend the appeal hearing?	YES	NO
* Will you be submitting written statements/letters of support/Doctor's or Hospital Certificate that you intend to refer to at the appeal hearing? <i>If yes please include information with this Notice of Appeal</i>	YES	NO
Will you be accompanied to the hearing? If yes please provide information here:	YES	NO
Will you require any additional support eg: Wheelchair access?	YES	NO

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



I wish to appeal under the terms of the School Standards and Framework Act 1998, as amended by the Education Act 2006, against a decision taken by the Admissions Panel of Archbishop Blanch School, not to admit my child.

Please enter below the reason(s) why you wish your child to attend Archbishop Blanch School:

Continue on a separate sheet if required.

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Declaration & signature:

The Information I have given is correct to the best of my knowledge. I understand that should any false or misleading information is provided the Panel have the right to review their decision and withdraw a place offered if necessary:

Signed:

Date:

Please return this completed form to: Clerk to the Appeal Panel, c/o Archbishop Blanch School, 80 Earle Road, Liverpool, L7 6HQ

The closing date for submission of this notice is : Monday 30th March 2020