

**DIOCESE OF WESTMINSTER**

.....Primary/Secondary School

Address .....

.....

.....

in .....Local Education Authority

**NOTIFICATION OF APPEAL AGAINST AN ADMISSION DECISION**

Please complete this form in block capitals:

1. CHILD'S NAME: .....
- FIRST NAMES: .....
- DATE OF BIRTH .....
2. YOUR ADDRESS: .....
- .....
3. SCHOOLS FOR WHICH I APPLIED IN ORDER OF PREFERENCE (name & address)
  1. ....
  2. ....
  3. ....
  4. ....
  5. ....
4. PARENT'S STATEMENT:- I wish to appeal against the Governors' decision not to admit my child because ....

5. There are only limited circumstances in which an appeal can be granted where Infant Class size prejudice will exist (e.g. classes of 5, 6 and 7 year olds with one teacher per class and which already have 30 children per class allocated or on roll). Parents are therefore asked to also complete the following two questions:

a. If you consider that the admission arrangements have not been properly applied and if they had your child would have been granted a place at the school please give your reasons below:

b. If you consider that the decision of the Admissions Authority was not a decision that any reasonable person would make please give details below:

6 I shall/shall not\* attend the hearing myself.

7. I shall/shall not\* be accompanied by a friend:

8. I shall not be available on/between the following dates: .....  
.....

9. I shall/shall not\* require an interpreter for this hearing.

If yes please indicate the language you require .....

SIGNATURE OF PARENT OR GUARDIAN:.....

DATE: .....

\*Delete as appropriate