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**Application for an**

**Independent Admission Appeal Hearing**

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| **Name of Child** |
| **Surname:** |  | **First Names:** |  |
| **Date of birth:** |  | **Gender:** |  |
| **Home Address:** |  |
| **Postcode:** |  |

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| **Name of Parent or Carer** |
| **Title:** |  | **Surname:** |  | **First Name:** |  |
| **Home Address:****(if different from child’s home)** |  |
| **Postcode:** |  |
| **Home Telephone:** |  | **Mobile Number:** |  |
| **Email:** |  |

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| **The Appeal Meeting** |
| **How do you wish to have your appeal dealt with?**Please tick one of the options | Attend the Appeal Hearing in person |  | Appeal to be heard with written representations |  |
| **Will you require any additional support?** (e.g. language interpreter, signer or mobility access) |
|  |
| **If you are attending the hearing and will be bringing anyone else, please specify:** |
| Name |  | Role (e.g. friend, partner, legal adviser)  |  |

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| **Reasons for Appeal** |
| Please outline the reasons for your appeal. (You should do this whether you are planning to attend the appeal hearing or not.) Please attach additional sheets/information to the form as necessary. If you are completing this form electronically, please feel able to expand or contract the statement box below.) |
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| Signature: |  |
| Name (Block letters please) |  |
| Date: |  |

The completed form should be sent to:

The Clerk to the Governors

Walkwood Church of England Middle School

Feckenham Road

Redditch

B97 5AQ

clerk@walkwoodms.worcs.sch.uk

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| **For Clerk’s use only:** |
| **Date Received**  |  | **Date of Hearing** |  |
| **Appeal Granted** |  | **Appeal declined** |  |