**St Mary’s CEVA Primary School**

**School Admission – Notice of Appeal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: |