



## ADMISSION APPEAL APPLICATION FORM

**A DATE FOR A HEARING WILL ONLY BE ADVISED AFTER RECEIPT OF THIS FORM**

	Parent (Carer) 1	Parent (Carer) 2 if applicable
<b>Title:</b> Mr/Mrs/Ms/Dr/Other		
<b>First Name:</b>		
<b>Family Name (Surname):</b>		
<b>Full address with postcode:</b>		
<b>Telephone number(s):</b>		
<b>Email address(es):</b>		
<b>Child's full name:</b>		<b>Date of birth:</b>
<b>Present School:</b>		<b>Present School Year:</b>
<b>School allocated by L.A for September:</b>		
<b>Will you be submitting additional supporting documents?</b>	<b>Yes/No</b>	<b>If yes, this must be received at least one week prior to your hearing date which will be advised in due course.</b>
<b>Who will be attending the appeal hearing?</b>	<b>Parent/Carer 1 Yes/No Parent/Carer 2 Yes/No</b>	<b>Please give details of any additional attendees and their role e.g. Family member, Medical supporter.</b>

**PTO**

I wish to appeal for a place at Thomas Keble School for the following reason(s):

(continue on a separate sheet if necessary)

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Signed (parent/carer):

Date: