



William Edwards School

NOTICE OF APPEAL

Please complete this form in Black ink or type. Once completed it should be returned to The Clerk to the Appeals Panel, c/o William Edwards School.

I, Mr/Mrs/Miss/Ms _____ (name in full) wish to appeal against the decision to refuse admission for my child to the school of my preference, William Edwards School. The reasons for my appeal are set out overleaf.

Home address of appellant	Relationship to child
Contact telephone numbers for appellant (mobile/home/work) if applicable	

Legal Forename of child		Legal Surname of child	
Date of birth	Catchment School	School offered (if any)	
Home address of child (please write "same" if same as appellant)		E mail address	

Please tick whichever of the following options apply

I wish to attend in person to state my case

I do not wish to attend and agree to my appeal being considered on written evidence only

I wish to attend in person and would like to be accompanied by a friend/relative

I wish my representative to present my case to the Appeal Panel

English is not my first language and I will require an interpreter

(Please state language) _____

If you have elected to be accompanied by a friend/relative, please give their full details below.

Full name of relative/friend Mr/Mrs/Miss/Ms other	Relationship to child if any
Home address	
Telephone no(s).	

My grounds for appeal are:

Please continue on a separate sheet if required remembering to sign and date it)

Please tick here if you are willing to accept a shorter period of notice than 2 weeks. Please note that ticking the box does not guarantee an earlier hearing date.

I declare that the information given on this form is, to the best of my knowledge true and accurate.

Signed _____ Date _____

(appellant named overleaf)

Completed appeal forms can be e mailed to oxlandl@wes.swecet.org, or posted to William Edwards School for the attention of the Appeals Officer. You will receive an acknowledgement once we have received your appeal.