**NOTICE OF APPEAL**

**Please send the completed and signed form to:**

**CLERK TO THE INDEPENDENT APPEAL PANEL**

**ST BERNARD’S HIGH SCHOOL**

**MILTON ROAD, WESTCLIFF ON SEA, SS0 7JS**

**Tel: 01702 343583**

**Fax: 01702 390201**

I WISH TO APPEAL AGAINST THE DECISION NOT TO PROVIDE EDUCATION FOR MY CHILD AT ST BERNARD’S HIGH SCHOOL.

|  |
| --- |
| **Child’s name (Full Name)**  |
| **Date of birth**  | **Gender Female** |
| **Please tick the term in which you wish your child to start school.** | **Autumn 2022** **X** | **Spring 2023** | **Summer 2023** |
| **Parent’s names:****Mother:**  | **Father:**  |
| **Home Address:**  |  |  |  |
|  |  | **Postcode:**  |
| **Telephone Numbers:** | **Home:** | **Work:** | **Home email address (please print)** |

|  |  |
| --- | --- |
| **Representation:** **\*Delete as appropriate** | Please circle appropriate box |
| 1. | I/We\* request the following hearing for this appeal. | Online | Written Submission |
| 2a | I/We\* wish my/our\* representative to put the case to the appeal panel on our behalf  | Yes  | No |
| 2b | He/She\* is representing me/us\* in a legal capacity | Yes  | No |
| **Representative’s Name:** |
| **Representative’s Address:** |  |  |
|  |  |
|  |  |
| **Postcode:** |  |
| **Telephone Numbers:** | **Home:** | **Work:** | **Mobile:** |
| 3. | I/We\* agree to less than 14 days notice of the appeal hearing | Yes | No |
| 4.  | I/We\* will require interpreted paperwork. | **Language:** | Yes  | No |
| 5. | Please contact us if you have any special needs of which we should be aware |

**Grounds of Appeal (*if there is not enough space on this sheet please continue on***

 ***another sheet concluding with your signature and the date.)***

The grounds of appeal are:

Signed: …………………………………..(parent/carer) Date: …………………………...

Signed……………………………………………………… Date…………………………

Signed: …………………….…………………………. Date …………………………….