CONFIDENTIAL

INSPIRATION TRUST ADMISSION APPEAL FORM

I am appealing for a place at:
and would like my child to start: (date)
and would like my child to start. (date)
Child's full name:
Gender:
Child's date of birth:
My name (Mr, Mrs, Miss, Ms, other):
My relationship to the child is (parent, guardian, relative):
Comment Address (in alcidia a master della
Current Address (including postcode):
<u></u>
I am in the process of buying/renting a new property. I attach a copy of a letter from
my solicitor of my tenancy agreement confirming my new address and the date on
which I expect to move in.

Contact details		
Telephone (home):		
Telephone (work):		
Mobile:		
Email: (please write clearly)		
My child currently attends (name of school):		
My child is currently in year group:		
Please tick one of the following boxes to indicate attendance at the appeal hearing:		
riease tick one of the following boxes to indicate attendance at the appear hearing.		
I will attend the appeal hearing:		
I will not be able to attend the appeal hearing but someone else will attend on my behalf:		
I will not be able to attend the appeal hearing and understand that the panel will base its decision on my written reasons and evidence:		
Please tick the box if you are happy to waive your rights to 10 school days' notice of your appeal hearing. This may enable us to timetable your appeal earlier than otherwise expected.		
I am happy to waive my rights:		
I am not happy to waive my rights:		

Reasons for appeal (you <u>must</u> complete this section):		
• Give full reasons for your appeal and <u>continue on a separate sheet if necessary</u> .		
Attach any additional paperwork securely.		
Signed by:	Date:	
Signed by.	butc.	