



**NOTICE OF APPEAL
IN YEAR APPLICATION**

Please send the completed and signed form to:

**Admissions Officer
ST BERNARD'S HIGH SCHOOL
MILTON ROAD, WESTCLIFF ON SEA, SS0 7JS**

Tel: 01702 343583

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:	Sex:
Parent / Carer Name:	Relationship to child:
Contact Telephone Number:	Email:
Current School:	Year Group:

Appeal Meeting:		Please circle appropriate box	
1.	Do you intend to attend the appeal?	Yes	No
2.	Will you have anyone accompanying you? If yes, please give details: Name: In what capacity are they assisting you:	Yes	No
3.	The Clerk to the Appeal Panel is required to provide you with details of the appeal arrangements no later than 10 school days before the hearing. If however, a hearing date becomes available at shorter notice would you be willing to accept less than 10 school days' notice?	Yes	No
4.	Do you require an interpreter? Language:	Yes	No
5.	Do you require a sign interpreter?	Yes	No
6.	Do you need disability access? Please state required needs:	Yes	No

Grounds of Appeal (if there is not enough space on this sheet please continue on another sheet concluding with your signature and the date). Any additional documentation you feel is relevant to your appeal must also be attached to this form and will be made available to the Appeal Panel.

The grounds of appeal are:

Signed: _____ (parent/carer) Date: _____