APPEAL FORM FOR ADMISSION TO



Please note:

* If you are appealing for more than one child please complete a separate form for each child and each appeal.

appeal. * Please complete this form in black ink. (To enable legible photocopying to be produced).

| THE WHITBY HIGH SCHOOL | | | | | | YEAR GROUP FOR WHICH YOU ARE APPEALING | | |
|--|------------------|-----|-----------|------|--------|--|-----------------|--|
| CHILD | Surname: | | Forename: | | | | | |
| DETAILS | S Legal Surname: | | | | | | | |
| | DOB | DAY | MONTH | YEAR | GENDER | (Please circle) M / F | CURRENT YEAR | |
| | | | | | | | GROUP | |
| School currently attending / last school attended: | | | | | | | | |
| Date child left (if applicable): | | | | | | | | |

| | Yes √ | No √ |
|--|-------|------|
| Is this child a Looked After Child eg. In Foster Care? | | |
| Does your child have an EHCP? | | |
| Has your child been permanently excluded from school? | | |

| Appellant's names: (parents/carer) | | | | |
|--|------------------------------------|------------------|--|--|
| Relationship of appellant to child – (please specify – parent/guardian/carer/other) | | | | |
| Do you intend to be present at the appeal hearing? Yes / No (please circle) | | | | |
| Current Address:- | Address to which you a applicable) | are moving:- (if | | |
| POST CODE: | POST CODE: | Date of Moving: | | |
| Telephone contact numbers: | | | | |
| Email address: | | | | |

For office use only

| Date received | |
|------------------------|--|
| Confirm PAN reached | |
| Logged on system | |
| Acknowledgement letter | |
| sent | |

| Child's Catchment School | |
|--------------------------|--|
| Presenting Officer | |
| Passed to legal | |
| Processed by | |
| | |

Do you have any other school-aged children? If so, indicate their names, ages and schools they attend.

| Name | Date of Birth | Name of Child's present school | |
|------|---------------|--------------------------------|--|
| | | | |
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| | | | |

Please state your reasons for seeking a place at this school (eg. Moving into area/domestic arrangements etc). If you are stating medical, psychological or social reasons please ensure that professional evidence is attached, e.g. a letter from a doctor stating the medical reasons which require your child to attend this particular school.

| (continue on a separate sheet if necessary) | | | | |
|---|---|--------------|--|--|
| I wish to appeal against the decision of The Whitby High School not to allocate a place for my child. | | | | |
| Signed | | Date | | |
| Please return this form to: | Admissions Officer The Whitby High Schoo Sycamore Drive Ellesmere Port Cheshire CH66 2NU | I Admissions | | |

Tel: 0151 355 8445