

WILTSHIRE COUNTY COUNCIL
SCHOOL STANDARDS AND FRAMEWORK ACT 1998
APPEAL AGAINST ADMISSION DECISION

If you wish to appeal against the refusal of a place at a school, please return the completed form, together with any supporting documents WITHIN TWENTY-ONE DAYS of the date of your refusal letter to the Director of Resources, Democratic & Members' Services Section, Wiltshire County Council, County Hall, Trowbridge, Wiltshire. BA14 8JB

Please write clearly, using black ink as this form has to be photocopied.

Name of Pupil		Date of Birth	
Name & Initials of Parent/Guardian (Mr./Mrs./Miss/Ms.)			
Address		Contact Details Home Tel no: Work: Mobile: E-mail:	
The School you are appealing for		From (date)	
The School your child currently attends (where applicable)			
The alternative school offered			
Appeals are heard Mon-Fri during office hours (9-5.pm) Please indicate any days/times you CANNOT attend.			
Please use this space to tell us anything about your access needs (e.g. do you need an interpreter, large print, wheelchair access, loop system?)			
Do you require 14 days' notice of the appeal hearing date? YES/NO If your answer is NO, please complete and sign below. I confirm that I waive my right to 14 days' notice of the appeal hearing date.			
Signed		Date	
<p>DELETE AS APPROPRIATE</p> <p>1. The grounds for my appeal are set out overleaf (you may attach additional sheets to this form).</p> <p>2. The grounds for my appeal will be sent at a later date.</p> <p>3. I wish/do not wish to attend the appeal panel hearing.</p> <p>4. I will/will not be accompanied. My companion will be</p> <p>.....</p> <p>Signature of parent(s)/guardian(s)</p> <p>Date</p>			

The grounds for my appeal are as follows: