



# **Berkswell C of E School** **Appeals Form**

## **Independent Admission Appeals Panel - Church of England Voluntary Aided Schools**

This form is to be used for the right of independent appeal against the decision of the governing body regarding the refusal of a place at the school. Please complete the following details:

Surname of child: \_\_\_\_\_

First name of child: \_\_\_\_\_

Boy/Girl: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of appellant (person appealing on behalf of the child): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate the entry date and year group you are seeking:

Immediate entry       September entry       Year group:

Name of school currently attended: \_\_\_\_\_

Please give dates and school names of any and all exclusions: \_\_\_\_\_

Instructions to appellants:

- Complete the attached sheet stating the grounds for your appeal – please continue on separate sheets if necessary.
- Please sign and date the bottom of each sheet
- Return the form with any supporting documentation (including medical evidence) to:

Chair of Governors  
c/o Berkswell CE School  
Church Lane  
Berkswell  
West Midlands  
CV7 7BJ

Please give details stating the grounds for your appeal – please continue on separate sheets if necessary

Signed: \_\_\_\_\_

Date: \_\_\_\_\_