



## ADMISSION APPEAL FORM

If you wish to provide copies of any documents in support of your request that your child should attend this School, please attach them to this form when sending it to the Appeals Administrator at [primary.admissions@theglc.org.uk](mailto:primary.admissions@theglc.org.uk)

Child's Details			
Name of Child	Surname	First name	
Date of Birth		Year Group	Gender Male / Female Please delete as appropriate
Full Address			Postcode
Telephone No	Home	Work/Mobile	
Name of present or previous school			

Parental Details			
Full Name of Parent(s)			
Full Name of Guardian(s) (if applicable)			
Relationship to child			
Full Address			Postcode
Telephone No	Home	Work/Mobile	
Email address			

Admission Details			
Date of your original application			
Date admission refused by the School			
I/We agree to less than 10 school days notice of the appeal hearing (if applicable) Please delete as appropriate	Yes	No	
I/We wish to attend the appeal to make oral representations Please delete as appropriate	Yes	No	
I will NOT be able to attend the appeal hearing but someone will attend on my behalf: Please give details of the person attending on your behalf:	Name:  Relationship to the child, if any:  Email:		

	<b>Telephone Number:</b>	
I/We agree to my appeal being heard by the panel on written representations Please delete as appropriate	Yes	No
I will need a signer or interpreter who speaks the following language at the appeal hearing Please delete as appropriate		
Signer:	Yes	No
Interpreter	Yes Please state which language:	No
I have a disability and need the following adjustments made at the hearing	Yes Please provide information on adjustments required	No

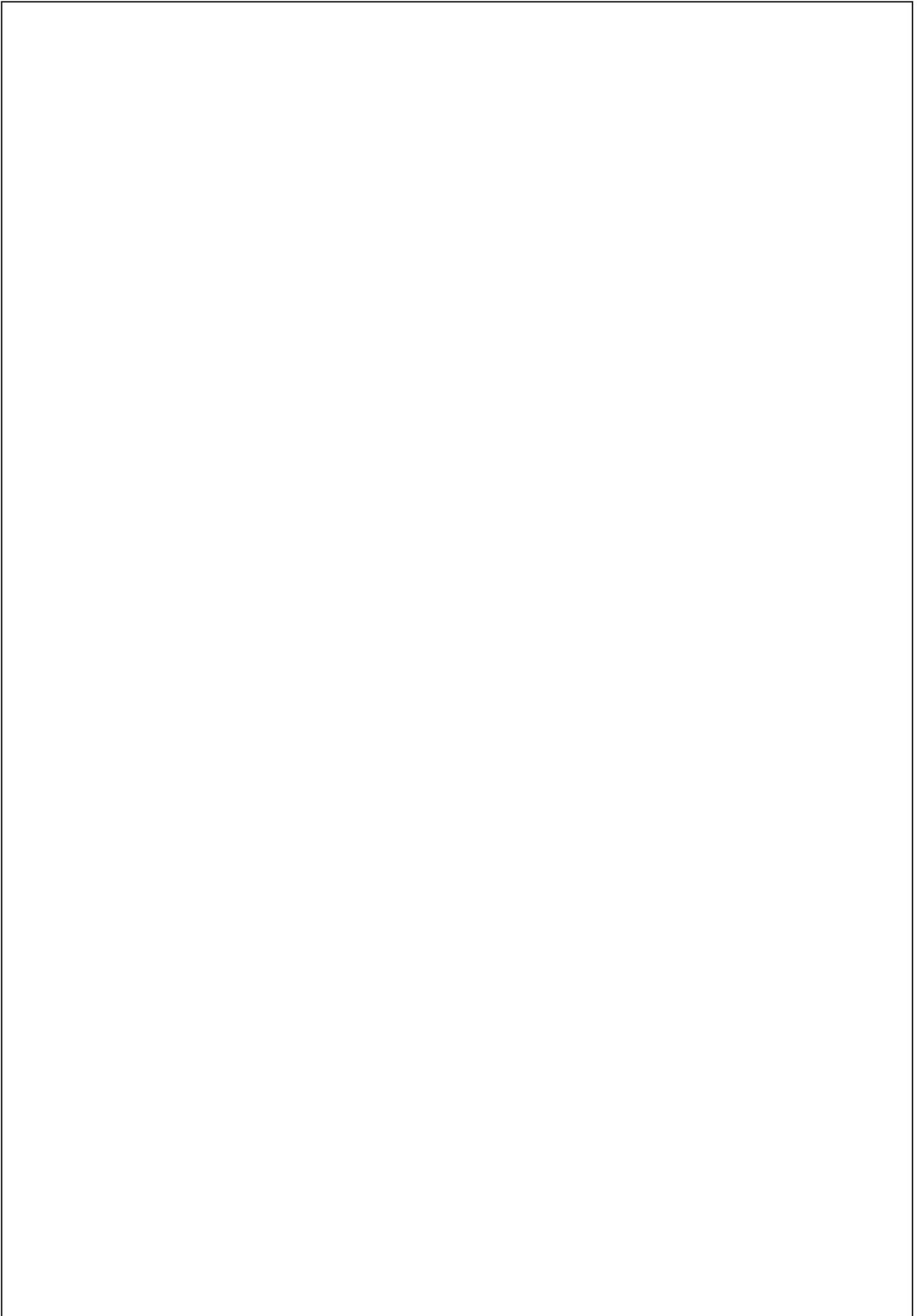
Family Details - Other children in the family			
Full Name(s)	Date(s) of Birth	Year	Name of School(s) currently attending

**Grounds of Appeal**

Reasons for appeal: ( <i>you must complete this section</i> ):
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- Give full reasons for your appeal and continue on a separate sheet if necessary.
- Attach any additional paperwork securely.
- If your appeal is for an Infant Class Size Refusal, please state on which grounds you are appealing:
  - A. The admission of additional children would not breach the Infant Class Size limit, or
  - B. The admission arrangements did not comply with admissions law or were not correctly and impartially applied and the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied; or
  - C. The decision to refuse admission was not one which a reasonable Admissions Authority would have made in the circumstances of the case.

The grounds of appeal are:



(if necessary, please continue on a separate sheet and attach to this form)

**Declaration:**

All information given is correct to the best of my knowledge and I am the person with parental responsibility for the child named on this form.

Signed..... Date .....

If you are producing additional paperwork, please list it below:

<u>Description of paperwork</u>	<u>Attached</u> (please tick)
1.	
2.	
3.	
4.	
5.	
6.	

Please return your completed form marked Private and Confidential to:

Kathryn Luckin  
Admissions Officer  
[Primary.admissions@theglc.org.uk](mailto:Primary.admissions@theglc.org.uk)

