



SCHOOL ADMISSION APPEAL FORM

This form and any other supporting documentation must be returned to:
The Admissions Appeal Clerk, St Richard's Catholic College

Full Name of Parent(s)/Carer(s):	Full Name of Child:
Address:	Child's Date of Birth:
	Present Year Group:
	Present School:
Home Telephone Number:	Name of school to which child has been allocated:
Mobile Telephone Number:	

DO YOU WISH TO ATTEND THE APPEAL HEARING?

YES/NO

If 'YES', do you wish to bring someone with you to help present your case?

YES/NO

Please give the name and occupation of that person (if applicable):

If 'NO', will someone be attending the Appeal Hearing on your behalf?

YES/NO

Please give the name and occupation of that person (if applicable):

Grounds for Appeal (including the reasons for wanting St Richard's Catholic College):
(please continue over if necessary)

Grounds for Appeal (continued)

**Any other information you consider relevant to your Appeal:
(including particulars about your child)**

Signature of Parent(s)/Carer(s): _____

Date: _____