

# Notice of Appeal

## (Education Act 1988 – Appeals)

### Details of parent or guardian

Full Name: \_\_\_\_\_

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

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

Telephone Number(s): Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Details of child for whom you are appealing

Full Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Special Educational Needs

Does your child have a Statement of Special Educational Need? YES / NO

**or**  
Is he or she being assessed? YES / NO

### School details

Child's present school: \_\_\_\_\_

School(s) to which admission has been offered: \_\_\_\_\_

Year group to join \_\_\_\_\_

Date you would like to start at QEGS: \_\_\_\_\_

### Attendance at the appeal hearing

Do you wish to attend the hearing of your appeal? YES / NO

Do you intend to be represented at the hearing or accompanied by a friend? YES / NO

If **YES**, please give details:

Name of representative/friend: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

\_\_\_\_\_

**IT IS IMPORTANT TO PROVIDE THE INFORMATION REQUESTED OVERLEAF**

**Reasons for appeal**

It is important to provide the Independent Admission Appeals Panel with full details so that the panel has all the information which may be relevant to your case. Please submit a detailed statement of your case, continuing on a separate sheet if necessary. This should be completed even if you wish to attend the admissions appeal hearing personally. Copies of this Notice of Appeal form, and your accompanying statement, will be seen by each member of the Independent Admissions Appeals Panel.

If you wish to submit any other documentary evidence in support of your appeal it should be attached.

**Declaration**

I/we wish to appeal against the decision of Queen Elizabeth Grammar School not to offer my child(ren) a place. I/we confirm that all the information I/we have provided is accurate. I/we also agree to whatever checks may be carried out to verify its accuracy.

Signature of parent(s)/guardian(s) making the appeal:

Signed: ----- Date: -----

Signed: ----- Date: -----

**This form should be returned as soon as possible to:**

**Clerk to the Independent Admissions Appeal Panel, c/o Queen Elizabeth Grammar School, Ullswater Road, Penrith CA11 7EG**