

## NOTICE OF APPEAL

To be submitted by 1<sup>st</sup> April 2022  
to St Bernard's High School.  
Appeals will be heard during  
the week 25-29<sup>th</sup> April 2022

Please send the completed and signed form to:

**CLERK TO THE INDEPENDENT APPEAL PANEL**  
**ST BERNARD'S HIGH SCHOOL**  
**MILTON ROAD, WESTCLIFF ON SEA, SS0 7JS**

**Tel: 01702 343583**

**Fax: 01702 390201**

I WISH TO APPEAL AGAINST THE DECISION NOT TO PROVIDE EDUCATION FOR MY CHILD AT ST BERNARD'S HIGH SCHOOL.

<b>Child's name (Full Name)</b>			
<b>Date of birth</b>		<b>Gender Female</b>	
<b>Please tick the term in which you wish your child to start school.</b>	<b>Autumn 2022</b> X	<b>Spring 2023</b>	<b>Summer 2023</b>
<b>Parent's names:</b> <b>Mother:</b>		<b>Father:</b>	
<b>Home Address:</b>			
			<b>Postcode:</b>
<b>Telephone Numbers:</b>	<b>Home:</b>	<b>Work:</b>	<b>Home email address (please print)</b>

<b>Representation:</b> *Delete as appropriate		Please circle appropriate box		
1.	I/We* request the following hearing for this appeal.	Online	Written Submission	
2a	I/We* wish my/our* representative to put the case to the appeal panel on our behalf	Yes	No	
2b	He/She* is representing me/us* in a legal capacity	Yes	No	
<b>Representative's Name:</b>				
<b>Representative's Address:</b>				
			<b>Postcode:</b>	
<b>Telephone Numbers:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>	
3.	I/We* agree to less than 14 days notice of the appeal hearing		Yes	No
4.	I/We* will require interpreted paperwork.	<b>Language:</b>	Yes	No
5.	Please contact us if you have any special needs of which we should be aware			

**Grounds of Appeal** *(if there is not enough space on this sheet please continue on another sheet concluding with your signature and the date.)*

The grounds of appeal are:

Signed: .....(parent/carer) Date: .....