

NOTICE OF APPEAL

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.

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

Representation: *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
Representative's Name:			
Representative's Address:			
			Postcode:
Telephone Numbers:	Home:	Work:	Mobile:
3.	I/We* agree to less than 14 days notice of the appeal hearing	Yes	No
4.	I/We* will require interpreted paperwork.	Language:	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: