NOTICE OF APPEAL

Child's name (Full Name)

Date of birth

To be submitted by 29th March 2023

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

Gender

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.

you scho Par Mot	nse tick the term in wish your child to bool. ent's names: ther:	2023	Spring 2023 Summer 2023 Father:							
					Postcode:					
Telephone Numbers: Home:			:	Work:	Home email address (please print)					
Representation: Please circle										
Delete as appropriate 1. I/We request the following hearing to				For this appeal.				appropria Online	Written	
									Submission	
2a I/We* wish my/our* representative to put the case to the appeal panel on our behalf							al	Yes	No	
2b He/She* is representing me/us* in a legal capacity								Yes	No	
Rep	resentative's Name	::							<u> </u>	
Rep	resentative's Addr	ess:								
Postcode:										
Telephone Numbers: Home:				Work:	I		Mobil	Mobile:		
3.	I/We* agree to less	than 14	days notic	ce of the ap	ppeal hearing			Yes	No	
4.	I/We* will require interpreted paperwork.				Language:			Yes	No	
5.	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:								