

## **NOTICE OF APPEAL**

**To be submitted by 1st  
April 2024**

**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</b>	
<b>Please tick the term in which you wish your child to start school.</b>	<b>Autumn 2024</b>	<b>Spring 2025</b>	<b>Summer 2025</b>
<b>Parent's names: 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:.....