

INDEPENDENT ADMISSION APPEALS PANEL
Church of England Schools and Academies in Coventry Diocese

APPEALS FORM FOR _____ SCHOOL

This form is to be used for the right of independent appeal against the decision of the governing body regarding the refusal of a place at the school. Please complete the following details:

Date _____ School _____

Surname of child _____

First name of child _____ Boy/Girl _____

Date of birth _____

Name of appellant (person appealing on behalf of the child) _____

Address _____

_____ Postcode _____

Tel _____ Email _____

Please indicate the entry date and year group you are seeking:

Immediate entry September entry Year group _____

Name of school currently attended _____

Please give dates and school names of any and all exclusions _____

Instructions to appellants:

- Complete the attached sheet stating the grounds for your appeal – please continue on separate sheets if necessary.
- Please sign and date the bottom of each sheet
- Return the form with any supporting documentation (including medical evidence) to:

Clerk to the Independent Appeals Panel
Benn Education Centre, Claremont Road (main entrance on Craven Road)
Rugby
CV21 3LU
Email: joanne.evans@covcofe.org Tel: 01788 422800

Please give details stating the grounds for your appeal – please continue on separate sheets if necessary

Signed _____ Date _____