

WEST SUSSEX SCHOOL ADMISSION APPEAL NOTICE OF APPEAL FORM

For official use only
Date received:



Please provide as much information as possible.

If you wish to provide additional information or documents please send them with this completed form to:

Legal Services
County Hall
Chichester
West Sussex, PO19 1RQ

PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS SIDE OF THE FORM (Use black ink as the form will be photocopied).

Your Name (Surname underlined)	MR/MRS/MISS/MS					
Your Present Address						
					Postcode	
E-mail address						
Daytime Telephone No.					Mobile No.	
Child's Name	First Name			Last Name		
Child's Date of Birth				Male		Female
Name of school you wish to appeal for (A separate form must be completed for each appeal)						
Date you would like your child admitted						
Name of school you were offered						
Current school attended by your child						

Please tick one of the following three boxes:

I would like to attend the appeal hearing in person

1

I would like to be represented by someone else*

2

I cannot attend and would like the appeal to be decided on written representations

3

I will be accompanied at the hearing by

--

* The representative who will act for me is: (only if you have ticked the second box above)

Name

--

Address

I require assistance at the hearing
(explain needs in space below)

Interpreter
(please state language)

Wheelchair access

Please complete other side

