

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	
Please tick the term in which you wish your child to start school.	Autumn 2019	Spring 2020	Summer 2020
Parent's names: Mother:		Father:	
Home Address:			
			Postcode:
Telephone Numbers:	Home:	Work:	

Representation: *Delete as appropriate		Please circle appropriate box	
1.	I/We* wish to attend the appeal to make oral representations	Yes	No
2.	I/We* agree to my appeal being heard by the panel on written representations.	Yes	No
3.	I/We* wish my/our* representative to put the case to the appeal panel	Yes	No
3a	He/She* is representing me/us* in a legal capacity	Yes	No
Representative's Name:			
Representative's Address:			
			Postcode:
Telephone Numbers:	Home:	Work:	Mobile:
4.	I/We* will not accompany my/our representative at the hearing	Yes	No
5.	I/We* agree to less than 14 days notice of the appeal hearing	Yes	No
6.	I/We* will require an interpreter at the hearing.	Language:	Yes No

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: Date