

DENBIGH SCHOOL

Appeal Against Admission Decision

If you wish to appeal against the decision not to allocate a place at Denbigh School to your child please return the completed form, together with any supporting documents, WITHIN 14 DAYS OF THE DATE OF ISSUE to:

The Clerk to the Independent Appeals Panel
c/o Denbigh School, Burchard Crescent, Shenley Church End, Milton Keynes MK5 6EX

Please complete in BLOCK CAPITALS AND BLACK INK as this form has to be photocopied/scanned.

Student's name		Date of birth
Current year group	Year group applying for (e.g. Year 7)	Gender (Female/Male)
Name and initials of parent/carer		Title (Mr/Mrs/Miss/Ms/Other)
Address (for correspondence): Postcode:	If moving to Milton Keynes please provide new address: Postcode: Date of moving:	
Home telephone number	Mobile telephone number	
The school your child currently attends (where applicable)		
Please indicate which dates you CANNOT attend (excluding weekends) and/or any particular time of the day which you would find difficult.		
Please use this space to tell us anything about your access needs (e.g. Do you need an interpreter, large print, wheelchair access etc?)		
Do you require 14 days' notice of the appeal hearing date? YES / NO (*delete as appropriate)		
If your answer is NO please complete and sign below.		
<i>I confirm that I waive my right to 14 days' notice of the appeal hearing date.</i>		
Signed: Date:		
<ul style="list-style-type: none"> • The grounds for my appeal are set out overleaf. (Note: You may attach additional sheets to this form). • I will attend the Appeal Panel hearing: YES / NO (*delete as appropriate) • I will attend the Appeal Panel hearing unaccompanied / accompanied (*delete as appropriate) 		
I will be accompanied by:		
Name		Title
PLEASE PRINT NAME		(Mr/Mrs/Miss/Ms/Other)
Status		Relationship
Please note: The friend/adviser may be a locally elected politician or an employee of the local authority such as a social worker provided there is not a conflict of interest. The friend/adviser <u>cannot</u> be an employee of the school.		

For office use only
Date of issue:
Date received:

(Please note that all correspondence relating to your original application will be forwarded to the Clerk to the Independent Appeal Panel).

The grounds for my appeal are:

Checklist: Before returning this form please ensure that you have:

- Read the accompanying booklet 'A Guide for Parents for Admission Appeals relating to Denbigh School';
- Completed all relevant sections of this form;
- Enclosed any relevant evidence in support of your reasons for your appeal.

Date	Signature
Title (e.g.: Mr/Mrs/Miss/Ms/Other)	Print name