

For Office use only	Date received	Date acknowledged	Appeal no.	Year Group
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St Joseph's Catholic High School Admission Appeal

This form should be used to appeal to the Independent Appeals Panel for admission to St Joseph's Catholic High School but **only if** you have been refused permission in writing. If you are appealing for more than one child then please use a separate form for each child. Please write clearly using **black ink** and return the form to the address shown at the end of the form.

Child's details

Name of child for whom you are appealing	First Name(s)	Surname (family name)	Date of Birth
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Present or last school (<i>if applicable</i>)	
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Contact details for parent(s)/guardian(s) making the appeal

Title	First Name (s)	Surname (family name)	Relationship to child (e.g. mother, father, guardian)	Preferred contact phone number(s)

Home address	Postcode:
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Email address (if provided, this will be used to acknowledge receipt of appeal form)	
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If you are moving house

Please contact the Clerk for advice on any evidence that you may be required to provide if your previous or future house move forms part of your reason for appeal.

Please give your new address if you expect to move house after the date you submit your appeal (so that notice of hearing can be correctly addressed).

New home address	Postcode: Expected moving date
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Translation

If you require assistance with translation at the hearing it is suggested that you bring a friend or family member with you to translate for you. (Please contact the Clerk if you have difficulty with this).	DO YOU INTEND TO BE PRESENT AT THE HEARING? YES / NO
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The Clerk to the Independent Appeal Panel will give you at least 10 school days notice of the hearing date unless you are willing to have a shorter notice period. If you are in agreement that the 10 days notice may be reduced then please complete below. I confirm that I am willing to accept less than 10 school days notice of hearing:	
PRINT NAME	SIGN
If a representative will attend the hearing on your behalf please enter their name here:	

The information you provide with your appeal will be sent to the Appeal Panel and the Admission Authority. If medical, social and/or educational grounds form part of the reasons for your appeal, you should attach a copy of any relevant written evidence. Please do not attach your child's certificates or school work as it will not be possible to photocopy these. If you think these are relevant to your appeal then please bring them to the hearing.

PLEASE GIVE YOUR REASONS FOR APPEAL BELOW (Please add/type separate sheets if necessary)

DATA PROTECTION ACT 1998

By signing this form you are giving permission for the information you have provided to be used for the administration of your appeal. This will involve sharing the information as necessary with the Admission Authority, and the Independent Panel.

Your Signature:

Date:

Please return this form and any attachments in an envelope marked Private and Confidential to: The Clerk to the Independent Appeals Panel, c/o The Admissions Secretary, St Joseph's Catholic High School, Shaggy Calf Lane, Slough, SL2 5HW

Please contact the Admissions Secretary on 01753 524713 if you have not received acknowledgement of your appeal within 7 days or you need further information on the appeal procedure. N.B. Appeals submitted for Year 7 transfer will be heard within 40 school days of the closing date for appeals (see School website) and this is usually during May and June. Appeals for admission during the school year will be heard within 30 days of receipt.