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

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 you are ap | opealing for: | | | | |
|---------------------|------------------|-------------------|---------------|------------|----------|--------|--|
| Surname of child_ | | | | | | | |
| First name of child | | | | | 6 | Gender | |
| Date of birth | | | | | | | |
| Name of appellant | (person appea | ling on behalf of | the child) | | | | |
| | | | | | | | |
| Address | | | | | | | |
| | | | | | Postcode | | |
| Tel | | En | nail | | | | |
| Please indicate the | e entry date and | d year group you | are seeking: | | | | |
| Immediate entry | □ s | eptember entry | | Year group | | | |
| Name of school cu | rrently attende | d | | | | | |
| Please give dates a | and school nam | es 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, Craven Road Rugby CV21 3JZ

Email: joanne.evans@covcofe.org Tel: 01788 422800

| and 8.10 details statill 8 tile 8.0 a | nds for your appeal – please c | ontinue on separate sneet | s ii fiecessary |
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