

NOTICE OF APPEAL FORM

Send to the completed and signed form to: **CLERK TO THE INDEPENDENT APPEAL PANEL
ST BENEDICT'S CATHOLIC COLLEGE
NORMAN WAY
COLCHESTER
CO3 3US
TEL: 01206 549222**

Please read 'A Guide to Admission Appeals' before completing this form.

It is recommended that you keep a copy for your records as we cannot be responsible for forms lost in the post. Please use block capitals on this side of the form and black ink throughout.

Child's full name	
Date of birth	
Gender of Child	
Term you are looking at for your child to be admitted	
Appellant's name (s)	
Address for correspondence to be sent to (including postcode)	
Telephone contact numbers	(h) (m)
E-mail address	

Representation – please indicate YES only in those boxes that apply to your case

I / We will be attending the appeal to make oral representations (written grounds still required)	
I / We are submitting these written representations only and will not be attending the appeal	
I / We have asked a representative to present the case on my / our behalf	
I / We will be present to accompany our representative	
I / We are agreeable to receiving less than 10 school days' notice of the date of the appeal hear (may be possible on occasions)	
Will you require the services of an interpreter at this appeal? And if YES, in which language?	

Name, address and status of your representative (if applicable)

Are there any special requirements you or your representative have which we need to be aware of?

Grounds of appeal

You must complete this section. Failure to do so will result in your Appeal Form being returned to you.

Signed

Date

If there is not enough space on this sheet please continue on additional sheets of A4 size paper, and number and initial the foot of each page please.