**NOTICE OF ADMISSION APPEAL**

**YEARS 10 & 12 SEPTEMBER 2022 ENTRY**

 **Please complete the form in black ink, sign and return the form and any attachments to**

|  |  |  |  |
| --- | --- | --- | --- |
| **N Stevens, Logic Studio School, Browell’s Lane, Feltham, Middlesex TW13 7EF** |  |  |  |

**We/I wish to appeal against the decision not to provide education for my/our child at**

**Logic Studio School**

|  |  |
| --- | --- |
| Child’s Surname |  |
| Child’s Forename(s) |  |
| Date of Birth  |  |

|  |  |
| --- | --- |
| Parent(s)/carer(s) name |  |
| Home addressPostcode |  |
| Telephone numbers | Home |  |
| Work |  |
| Mobile |  |

|  |  |  |
| --- | --- | --- |
| We / I will be attending the hearing  | **YES** | **NO** |
| We / I will be accompanied by a representative  |  |  |
| Wheelchair access required |  |  |
| Language/Hearing Interpreter required |  |  |
|  |  |  |
| Representative’s name |  |
| Representative’s address  |  |
| Representative’s telephone number  |  |

**Note: If you do not attend the hearing your appeal will be decided on the information provided by this form. You will receive notification from the Clerk as to the date and time of the appeal.**

|  |  |  |
| --- | --- | --- |
| We/I agree to less than 10 school days’ notice of the appeal hearing**Note: This may help us to slot in late applications for appeal**   | **YES** | **NO** |

|  |
| --- |
| **Please use this space to explain your grounds for appeal (continue onto a separate sheet if necessary)** |

|  |
| --- |
| **Please list any attachments sent with this form** |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| For School use: |
| Date Received |  |
| Address verified  |  |