

Child's Surname

Child's Forename(s)

## **NOTICE OF ADMISSION APPEAL**

## YEARS 10 & 12 SEPTEMBER 2023 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

Date of Birth				
Parent(s)/carer(s) name				
Home address				
Postcode				
Telephone numbers	Home			
	Work			
	Mobile			
		•		
We / I will be attendi	ng the heari	ng	YES	NO
We / I will be accompanied by a r		representative		
Wheelchair access required				
Language/Hearing Interpreter requir		quired		
Representative's nam	ie			
Representative's address				
Representative's telephone number				



We/I agree to less than 10 school days' notice of the appeal hearing

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.

YES

NO

Note: This may help us to slot in late applications for appeal							
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							