

**NOTICE OF ADMISSION APPEAL**

**YEARS 10 & 12 SEPTEMBER 2024 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 address		
Postcode		
Telephone numbers	Home	
	Work	
	Mobile	

We / I will be attending the hearing	<b>YES</b>	<b>NO</b>
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  <b>Note: This may help us to slot in late applications for appeal</b>	<b>YES</b>	<b>NO</b>
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**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	