WADDESDON CHURCH OF ENGLAND SCHOOL APPEAL FORM

Please complete and return to Mrs Ready, School Admissions Manager at Waddesdon School by no later than:

20 school days from the date of the letter of refusal

Name of Parent/Carer:	
Address:	
	Postcode
Telephone: Daytime	Evening
Email Address:	
We/I wish to appeal against the Governors' decision to refuse a place for:	
Name of child	Date of birth:
<u>Current</u> Year Group:	Starting date sought:
Criterion for entry (as per published admissions criteria for Waddesdon School):	
Signed	Date
If English is not your first language, please can you advise if you will be able to bring along a friend or relative to translate for you at the appeal hearings. YES / NO (circle as appropriate).	
Notice of hearing date – agreement to reduction in notice time	
	ally required to give you 10 school days' notice of the hearing date. However, this may result in the case papers being sent to you just before the hearing
I wish to waive my right to the 10 school da scale to consider the case papers.	ys' notice of the hearing and I understand that this may result in a shorter time
If you wish to waive your right, print and sign your name below:	
Signed:	Print name:

Grounds for appeal - Please give details of any personal reasons why you believe your child should be admitted to the school. You may continue on the reverse side of this form or attach a separate sheet. You should ensure you include any documents that you feel might strengthen your case.