

# NOTICE OF APPEAL FOR ADMISSION TO THE STANWAY SCHOOL

Send the completed and signed form to:

**Clerk to the Governing Body, The Stanway School, Winstree Road,  
Stanway, Colchester, CO3 0QA**  
(The Stanway School cannot be responsible for forms lost in the post)  
**Tel: 01206 575488 Fax: 01206 564164**

**Please:**

- Use block capitals on both sides of the form and black ink throughout.
- You must appeal within 20 days of receipt of your refusal letter.

I wish to appeal against the decision not to provide education for my child at The Stanway School.

<b>Child's Full Name:</b>		
<b>Date of Birth:</b>	<b>Boy or Girl:</b>	
<b>Please tick the term in which you wish your child to start school:</b>		
<b>Autumn</b>	<b>Spring</b>	<b>Summer</b>
<b>Parent's name(s): Mr/Mrs/Ms</b>		
<b>Home address:</b>		
<b>Telephone Numbers</b>	<b>Home:</b>	<b>Work/Mobile:</b>
<b>Email address:</b>		

<b>My child current attends</b> (name of school): _____
<b>My child is currently in year group:</b> _____
<b>My child has been offered at place at</b> (name of school): _____ _____
<b>To begin in year group:</b> _____
<b>Please list the schools you have applied for:</b>
1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

**Representation (\*delete as appropriate)**

1.	I/We* wish to attend the appeal to make oral representations	<b>Yes</b>	<b>No</b>
2.	I/We* agree to the appeal being heard by the panel on written representations	<b>Yes</b>	<b>No</b>
3.	I/We* wish my/our* representative to put the case to the appeal hearing	<b>Yes</b>	<b>No</b>
3a.	He/She* is representing me/us* in a legal capacity.	<b>Yes</b>	<b>No</b>

**Representative's name:**

**Representative's address:**

**Telephone Numbers**

**Home:**

**Work/Mobile:**

4.	I/We* will not accompany my/our* representative at the hearing	<b>Yes</b>	<b>No</b>	
5.	I/We* agree to less than 14 days notice of the appeal hearing (if applicable)	<b>Yes</b>	<b>No</b>	
6.	I/We* will require an interpreter at the hearing	<b>Yes</b>	<b>No</b>	<b>Language:</b>
7.	Please contact us if you have any special needs of which we should be aware			

**Grounds of the Appeal** (if there is not enough space on this sheet please continue on another sheet concluding with your signature(s) and the date).

The grounds of the appeal are:

**Signed:**

**Date:**

**Grounds of the appeal (continued)**

**Signed:**

**Date:**