



OUR LADY'S CONVENT HIGH SCHOOL

APPEAL AGAINST ADMISSION DECISION IN YEAR APPLICATION

PART 1 – to be completed by the parent(s)/guardian(s)

Child's First Name(s)

Surname..... **(BLOCK CAPITALS)**

Date of Birth

Address:

.....
.....

Telephone No:(Home).....(Work).....

Representation

*Delete as appropriate and answer Yes to only one of questions 1, 2 and 3.

1.	I/We* wish to attend the appeal to make oral representations	Yes	No
2.	I/We* agree to my appeal being heard by the panel on written representations	Yes	No
3.	I/We* wish my/our* representative to put the case to the appeal panel	Yes	No
3a	He/she* is representing me/us* in a legal capacity	Yes	No
Representative's name			
Representative's address			
Telephone numbers: Home:		Work/Mobile	
4.	I/We* will not accompany my/our representative at the hearing	Yes	No
5.	I/We* agree to less than 14 days notice of the appeal	Yes	No
6.	I/We* will require an interpreter at the hearing Language:	Yes	No
7.	Please contact us if you have any special needs of which we should be aware		

PLEASE COMPLETE THE PARENT'S STATEMENT OVERLEAF.

Our Lady's Convent High School, 6-16 Amhurst Park, London N16 5AF

Telephone: 020 8800 2158 Fax: 020 8809 8898

E-mail: officeadmin@ourladys.hackney.sch.uk Website: www.ourladys.hackney.sch.uk

Headteacher : Mrs Jane Gray



Parent's Statement – I wish to appeal against the decision at OUR LADY'S CONVENT HIGH SCHOOL because :-

NAME: (Please Print) of Parent(s).....

Signature of Parent(s)

Any additional documentation to support your appeal should be forwarded to the school at least 5 days before the hearing.

PLEASE SEND TO THE CLERK TO THE APPEALS COMMITTEE AT THE SCHOOL'S ADDRESS - Our Lady's Convent High School, 6-16 Amhurst Park, London N16 5AF

