

## ADMISSION APPEAL REQUEST

You have been refused a place for your child at: **Dean Trust Rose Bridge**

You have a right of appeal against this decision. Please see the related notes which explain the procedures. If you decide to appeal, please complete this form and return it to the address shown on the back page of this form.

If your child has a Statement of SEN/EHCP, procedures are different. Please see notes.

### Pupil Details

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Boy  Girl

Pupil's date of birth:     /     /

Name of current/previous\* school: \_\_\_\_\_

School Address: \_\_\_\_\_

\*if previous, date of leaving:     /     /

Pupil's home address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

### Details of person making the appeal:

Mr/Mrs/Miss/Ms First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Post Code: \_\_\_\_\_ Daytime contact tel no: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Do you intend to attend the appeal?                    **YES / NO**

If you intend to have a representative at the appeal, please give his/her details here. You will be sent an extra copy of the papers for your representative.

I will be represented by: \_\_\_\_\_

Status of representative: \_\_\_\_\_ eg friend, relative

**Reasons:** Please give the reasons\* why you think your child should be admitted to this school:-

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***If you wish to provide more information, please attach additional sheets firmly to this form and ensure your child's full name is marked at the top of each page.***

**Alternative Offers:** Have you been offered a place at another school? If so, please state the school name here:

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I certify that all the information given above is correct. I am aware that if I do not attend the hearing, it will take place in my absence using the information available.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form F.A.O.:**

Email: Mrs L Vallender  
[lvallender@deantrustrosebridge.co.uk](mailto:lvallender@deantrustrosebridge.co.uk)

***\*If you wish to state that you believe your child has been refused a place on the grounds of unjustifiable discrimination linked to a disability, please make this clear in your reasons.***