



ST RICHARD REYNOLDS CATHOLIC COLLEGE

ST RICHARD REYNOLDS CATHOLIC PRIMARY SCHOOL
ST RICHARD REYNOLDS CATHOLIC HIGH SCHOOL

Admission Appeal Application Form 2017

St Richard Reynolds Catholic High School only

- Please complete this form only if you are appealing against the decision not to offer place at St Richard Reynolds Catholic High School.
- Please carefully read the guidance notes before completing this form.
- Please mark any supporting documents with your child's name
- Completed forms and any supporting documents must be returned by post, by hand or by e mail to: Admission Appeals, St Richard Reynolds Catholic High School, Clifden Road, Twickenham TW1 4LT e.wilson@srrcc.org.uk by **18th April 2017**. Any supporting documents should be submitted by **2nd May 2017**. Appeals will be heard in **June 2017**.

Details about the child

Child's surname:	Child's Christian name or other first name:
Date of birth:	Gender: M / F
Name of school allocated:	
Does the child have a sibling at St Richard Reynolds Catholic High School? If so, please state name and form:	
Home address: Postcode NB The address must be where the child normally lives	

Details about the parent/carer making the appeal

Parent/carer's name(s):	Relationship to the child:
Telephone numbers:	Do you work at the College? YES / NO
Address: Postcode	
E mail:	
Please state the name of any friend/representative who will be accompanying you:	

Please tick the boxes in the following section to assist us in the arrangements for your appeal.

	Yes	No
Does your child have a Statement of Special Educational Needs or Education Health and Care Plan (EHCP)?		
Do you wish to attend the appeal hearing to state your case in person?		
Will you be accompanied by a friend or a representative at the hearing?		
Do you require disabled access?		
Do you require any other special arrangements? If yes, please contact the College.		

It will help process your appeal if you would indicate your reason(s) for appeal by answering the following questions:

	Yes	No
Do you believe that there was a mistake in the way the admission rules and arrangements were applied which has resulted in your child being denied a place?		
Do you believe your child has been unlawfully denied a place because of his or her disability?		
Does your child have exceptional medical, pastoral or social needs that you believe can most appropriately be met at this school? (Evidence will be required from an appropriate professional.)		
Do you have any other reasons?		

If you answered yes to any of the questions, please give details on the space on the next page

Checklist:

Before returning this form, please ensure that you have:

- Read the accompanying guidance notes;
- Completed all relevant sections of this form;
- Attached any additional documents.

Declaration and Signature of Parent/Carer

- I wish to exercise my right of appeal under the School Standards and Framework Act of 1998 for a place at St Richard Reynolds Catholic High School, as I have been refused a place at this school.
- I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing and I do not send a friend/representative, my appeal will be heard in my absence using the information I have supplied on this form along with any other information I have sent to the Panel Clerk before my hearing date.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this appeal invalid, or lead to the offer of a place being withdrawn and may result in legal action being taken.

**Parent's or carer's
Signature**

Date:

Information supplied will be used for registered purposes under the Data Protection Act 1998.

Please state your case in more detail, relating it to the answers you have given on the previous page. (You may continue on separate sheets if you wish):