



INDEPENDENT ADMISSION APPEALS PANEL  
Church of England Schools  
**APPEALS FORM FOR \_\_\_\_\_ SCHOOL**

This form is to be used for the right of independent appeal against the decision of the governing body regarding the refusal of a place at the school. Please complete the following details:

Date \_\_\_\_\_ School \_\_\_\_\_

Surname of child \_\_\_\_\_

First name of child \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Date of birth \_\_\_\_\_

Name of appellant (person appealing on behalf of the child) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

Please indicate the entry date and year group you are seeking:

Immediate entry  September entry  Year group \_\_\_\_\_

Name of school currently attended \_\_\_\_\_

Please give dates and school names of any and all exclusions \_\_\_\_\_

\_\_\_\_\_

Instructions to appellants:

- Complete the attached sheet stating the grounds for your appeal – please continue on separate sheets if necessary.
- Please sign and date the bottom of each sheet
- Return the form with any supporting documentation (including medical evidence) to:

Clerk to the Independent Admission Appeals Panel  
Claremont Road (main entrance on Craven Road) Rugby

CV21 3LU Email: joanne.evans@covcofe.org Tel: 01788 422800

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Please give details stating the grounds for your appeal – please continue on separate sheets if necessary

Signed \_\_\_\_\_ Date \_\_\_\_\_