



**APPEALS FOR Aldridge School – An Academy
Year 7 – September 2019**

1.	Full name of child	
2.	Address	
3.	Telephone number	
4.	Date of Birth	
5.	Present School	
6.	Full names of parents	

7. - Please set out the reasons for your appeal. **Use an additional sheet if the space below is insufficient. It is important to give as much detail as possible.**

8. Please enclose copies of any reports or letters to be put before the Appeals Panel in support of your appeal

Please list any enclosures here:

9a). Will you be attending the appeal in person? YES / NO

(Although you are not required to attend the appeal meeting it may be beneficial for you to attend and state your case in person, if you do not attend the panel will be entitled to consider the matter in your absence.)

b) If you are attending the appeal, please state
(i) Whether you will be represented and if so by whom.

(ii) Whether you intend to call witnesses - if so whom

PLEASE NOTE IF YOU INTEND TO HAVE LEGAL REPRESENTATION YOU MUST INFORM THE SCHOOL A MINIMUM OF 10 SCHOOL DAYS BEFORE THE MEETING. FAILURE TO DO THIS WILL RESULT IN THE CANCELLATION AND RESCHEDULING OF THE MEETING.

When you have completed this form please sign it below and return it marked "For the attention of the Clerk to the Appeals Committee", c/o Aldridge School – An Academy, Tynings Lane, Aldridge, Walsall, WS9 OBG.

Signature of parent(s)/Guardian(s)

Date

**THIS FORM TO BE RETURNED BY 1 APRIL 2019
TOGETHER WITH ANY SUPPORTING EVIDENCE IF
APPLICABLE.**