



Walkwood

Church of England  Middle School

Application for an Independent Admission Appeal Hearing

Name of Child			
Surname:		First Names:	
Date of birth:		Gender:	
Home Address:			
Postcode:			

Name of Parent or Carer					
Title:		Surname:		First Name:	
Home Address: <small>(if different from child's home)</small>					
Postcode:					
Home Telephone:		Mobile Number:			
Email:					

The Appeal Meeting				
How do you wish to have your appeal dealt with? <small>Please tick one of the options</small>	<input type="checkbox"/>	Attend the Appeal Hearing in person	<input type="checkbox"/>	Appeal to be heard with written representations
Will you require any additional support? (e.g. language interpreter, signer or mobility access)				
If you are attending the hearing and will be bringing anyone else, please specify:				
Name		Role <small>(e.g. friend, partner, legal adviser)</small>		

Reasons for Appeal

Please outline the reasons for your appeal.

(You should do this whether you are planning to attend the appeal hearing or not.)

Please attach additional sheets/information to the form as necessary. If you are completing this form electronically, please feel able to expand or contract the statement box below.)

Signature:	
Name (Block letters please)	
Date:	

The completed form should be sent to:
The Clerk to the Governors
Walkwood Church of England Middle School
Feckenham Road
Redditch
B97 5AQ
office@walkwoodms.worcs.sch.uk

For Clerk's use only:			
Date Received		Date of Hearing	
Appeal Granted		Appeal declined	