

Appeal Form for Severn Vale School (Y6 Transition Appeal)

Name of Child			
Date of Birth		Year Group Appealing For	
Residential Address of Child			

	Parent/Carer 1	Parent/Carer 2
Title		
First Name & Surname		
Home Address		
Email Address Can we use email as main method of communication? Yes/No		
Phone Numbers	Mobile: Home: Work:	Mobile: Home: Work:

Is your child in the care of the Local Authority or a previously looked after child?	Yes/No
Does your child have an Education, Health and Care Plan (EHCP)?	Yes/No
Is this your first appeal? (If no please give details below)	Yes/No

Name and Address of Child's current school:

Please indicate if you have been offered a place at another Gloucestershire secondary school by the Admissions Team and, if so, at which school this place has been offered. Details will be checked with the Admissions Team before the hearing.

Reasons for requesting a place at Severn Vale School (please attach evidence as appropriate):

Signature(s) of person(s) making the appeal:
