

OUR LADY OF THE VISITATION CATHOLIC PRIMARY SCHOOL

GREENFORD ROAD, GREENFORD, MIDDLESEX UB6 9AN

SCHOOL STANDARD ACT 1998 – NOTICE OF APPEAL

TO BE COMPLETED BY THE PARENT OR GUARDIAN AND RETURNED TO THE CHAIR OF GOVERNORS c/o THE

SCHOOL THIS FORM MUST BE RETURNED NO LATER THAN

Wednesday 15th May 2024

1. NAME OF CHILD:
(surname) (christian names)
2. CHILD'S DATE OF BIRTH:
3. CHILD'S ADDRESS:

4. MY NAME IS:
(surname) (christian name)
5. MY ADDRESS:
(if different from above)
6. MY DAYTIME TELEPHONE NO.:
7. MY CHILD CURRENTLY ATTENDS: SCHOOL

I WISH MY APPEAL AGAINST THE DECISION NOT TO OFFER MY CHILD A PLACE IN OUR LADY OF THE VISITATION CATHOLIC PRIMARY SCHOOL

MY REASONS FOR APPEAL ARE SET OUT OVERLEAF

Please tick

8. (a) I agree to my appeal being decided by the Appeals Panel on the basis of written statements.
My written statement is set out overleaf. (Attach additional sheets if necessary). ()
- (b) I wish to put my case to the Appeal Panel myself. ()
- (c) I wish to put my case to the Appeal Panel myself AND would like to be accompanied by a friend/
Interpreter ()
- (d) I wish my representative/interpreter to put my case to the Appeals Panel. ()

9. THE NAME OF MY FRIEND/REPRESENTATIVE/INTERPRETER IS:

.....
(surname) (christian name)

HIS/HER ADDRESS IS:

HIS/HER TELEPHONE NO.:

10. I/WE WILL NOT BE AVAILABLE TO ATTEND A MEETING ON OR BETWEEN THE FOLLOWING DATES AND TIMES:

.....

11. IF YOU OR YOUR FRIEND/REPRESENTATIVE IS/ARE A DISABLED PERSON, PLEASE TICK THIS BOX.

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WRITTEN STATEMENT IN SUPPORT OF APPEAL

OR

OUTLINE OF CASE/MY REPRESENTATIVE WILL PRESENT TO THE APPEAL PANEL

13.
(signature of parent/guardian)

.....
(date)