

# 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

**Tuesday 19<sup>th</sup> May 2026**

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. ( )

