|  |  |
| --- | --- |
| H:\Images\New Branding 2013\07_Useful_graphics\07_Useful_graphics\02_Crest_typography\crest_typo_rgb_150dpi.png | ADMISSIONS APPEALS FORM |

Please complete this form if you wish to appeal for a place for your child to attend Isleworth & Syon School and when you have not been offered a place.

Your appeal will be heard by an Appeals Panel which is totally independent of the Admissions Authority (the School) and members of the panel will have not been involved with any decision made to date about your child.

Hearings are usually held during the day at the School.

Once this form has been completed, please return it to the school either by email to [admissions@isleworthsyon.org](mailto:admissions@isleworthsyon.org) or by post or by hand, directly to the school.

**PLEASE ENSURE THAT ALL SECTIONS OF THE FORM ARE COMPLETED, ELECTRONICALLY OR USING BLACK INK**

|  |  |  |  |
| --- | --- | --- | --- |
| YOUR CHILD’S DETAILS | | | |
| FOREName: |  | SURNAME: |  |
| DATE OF BIRTH: |  | GENDER: |  |
| ADDRESS: |  | | |
| CURRENT OR LAST SCHOOL: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| PARENT/CARER DETAILS | | | |
| Name: |  | Name: |  |
| ADDRESS: |  | ADDRESS: |  |
| CONTACT NUMBER: |  | CONTACT NUMBER: |  |
| EMAIL: |  | EMAIL: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| APPEAL HEARING | | | | |
| Please state whether you will be attending the Appeal Hearing? | YES |  | NO |  |
| If the opportunity to arrange the appeal can be made at short notice, are you happy to waive your right to a 10-day notice period? | YES |  | NO |  |

|  |
| --- |
| GROUNDs FOR THE APPEAL |
| What are your reasons for appealing for a place at Isleworth and Syon School?  What problems would be created for your child should he/she not get a place at our school?  The Appeal Hearing will be held in private so you are encouraged to give as much information here as possible. Please note, however, that if you have previously appealed you will not normally be allowed to appeal again unless there have been substantial changes to your circumstances. |

|  |  |
| --- | --- |
| YOUR SIGNATURE – YOU MUST SIGN THIS FORM | |
| YOUR NAME: |  |
| SIGNATURE |  |
| Date: | /    / |

|  |  |
| --- | --- |
| equality monitoring | |
| In order to ensure that our school appeals process does not discriminate against particular ethnic groups, we would be grateful if you would complete this section of the form in respect of your child.  Please note that this will not affect the Appeal Panel’s considerations or decisions as they will not be given this information. This data will not be kept on individual records and will only be used to provide aggregated or general statistical data. Your name, nor that of your child will not appear on this section of the form. | |
| How would you describe your child? Choose ONE section from A to E, and then tick the appropriate box | |
| A. Asian or Asian British | Bangladeshi  Indian  Pakistani  Any other Asian background, please write in box |
| B. Black/African/Caribbean or Black British | African  Caribbean  Any other Black background, please write in box |
| C. Mixed/Multiple Ethnic Groups | White and Asian  White and Black African  White and Black Caribbean  Any other Mixed background, please write |
| D. Other Ethnic Group | Arab  Any other Ethnic Group, please write |
| E. Chinese and other ethnic groups | Chinese  Any other, please write |