

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 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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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	<input type="checkbox"/>	NO	<input type="checkbox"/>

 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	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background, please write in box <input type="checkbox"/>
B. BLACK/AFRICAN/CARIBBEAN OR BLACK BRITISH	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background, please write in box <input type="checkbox"/>
C. MIXED/MULTIPLE ETHNIC GROUPS	<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other Mixed background, please write <input type="checkbox"/>
D. OTHER ETHNIC GROUP	<input type="checkbox"/> Arab <input type="checkbox"/> Any other Ethnic Group, please write <input type="checkbox"/>
E. CHINESE AND OTHER ETHNIC GROUPS	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other, please write <input type="checkbox"/>