The Gilberd School
Notice of Appeal Form

If your child is not offered a place at The Gilberd School, you can appeal against the decision by completing and returning this form. Please refer to **'A Guide to School Admission Appeals'** for guidance. All completed forms should be returned to:

Clerk to the Independent Appeal Panel
The Gilberd School – Admissions
Brinkley Lane
Colchester
CO4 9PU

It is recommended that you keep a copy for your records as we cannot be responsible for forms lost in the post.
Please use block capitals on this side of the form and black ink throughout.

Personal details:

I wish to appeal against the decision not to provide education for my child at The Gilberd School	
Child's full name	
Child's date of birth	
Gender of child	
Term you are looking at for your child to be admitted	
Title of person completing this form (Mr. Mrs. Miss. Ms. Other)	
Full name of person completing this form	
Relationship to child (Parent, carer, grandparent)	
Current address (including postcode)	
I am in the process of buying/renting a new property. I attach a copy of a letter from my solicitor/copy of my tenancy agreement confirming my new address and the date on which I expect to move in. *Tick if appropriate*	☐
Contact telephone number(s)	
Email address	

My child currently attends (name of school)	
My child is currently in year group	

Please list the schools you have applied for:

1.	4.
2.	5.
3.	6.

Representation – delete as appropriate:

I/we will be attending the appeal to make oral representations (written grounds are still required)	Yes / No
I/we are submitting these written representations only and will not be attending the appeal	Yes / No
I/we have asked a representative to present the case on my/our behalf	Yes / No

I/we will be present to accompany our representative	Yes / No
Name, address and status of representative (if applicable)	
Are there any special requirements you (or your representative) have which we need to be aware of?	Yes / No
If *yes*, please state:	
I/we are agreeable to receiving less than 10 school days' notice of the date of the appeal hearing	Yes / No
Do you require the services of a signer or an interpreter at this appeal?	Yes / No
If *yes*, please state in which language:	

Reason for appeal (You must complete this section. Failure to do so will result in your appeal form being returned to you. If there is not enough space on this sheet, please continue on additional sheets of A4 size paper, and number and initial the foot of each page).

Declaration: All information given is correct to the best of my knowledge. I am the person with parental responsibility for the child names on this form.

Signed: _____ Date: _____