INDEPENDENT ADMISSION APPEALS PANEL
Church of England Schools and Academies in Coventry Diocese

This form is to be used for the right of independent appeal against the decision of the governing body regarding the refusal of a place at the school. Please complete the following details:

Date_____ School you are appealing for:_____

Surname of child_____

First name of child_____Gender_____

Date of birth_____

Name of appellant (person appealing on behalf of the child)_____

_____

Address_____

_____Postcode_____

Tel_____ Email_____

Please indicate the entry date and year group you are seeking:

Immediate entry ☐ September entry ☐ Year group_____

Name of school currently attended_____

Please give dates and school names of any and all exclusions_____

_____

Instructions to appellants:

- Complete the attached sheet stating the grounds for your appeal – please continue on separate sheets if necessary.
- Please sign and date the bottom of each sheet
- Return the form with any supporting documentation (including medical evidence) to:

Clerk to the Independent Appeals Panel
Benn Education Centre, Craven Road
Rugby
CV21 3JZ

Email: joanne.evans@covcofe.org Tel: 01788 422800

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Please give details stating the grounds for your appeal – please continue on separate sheets if necessary

Signed_____ Date_____