## **ADMISSION APPEAL FORM**

To be returned to:

Clerk to the Independent Appeal Panel Drayton Manor High School Drayton Bridge Road

	London W7 1EU Tel: 0208 357 1900					
NO LATER THAN 12.00 NO	ON ON TUESDAY 22 APRIL 20	025				
PLEASE ENSURE EACH SECTION OF THIS FORM IS COMPLETED FULLY. FAX OR EMAILS CANNOT BE ACCEPTED						
A STUDENT INFORMATION	ON					
Surname/Family Name		Date of Birt	th			
First Names		Year Group				
Address at which studer	nt lives					
Present School	Present School					
Does the child have a brother or sister who is currently attending Drayton Manor?						
If 'Yes' please give full n	ame and tutor group					
Does your child have a Statement of Educational Needs? Yes No						
B PARENT INFORMATION	N					
MOTHER		FATHER				
Surname/Family Name		Surname/Family Name				
First Names		First Names				
Address (* if different fr	om above)	Address (* if different from above)				
Home Tel No:		Home Tel No:				
Work Tel No:		Work Tel No:				

C Please tick the appropriate box(s)	YES	NO
I / We wish to attend the appeal hearing. (In the event that you are unable to attend, the appeal will go ahead and the Independent Appeal Panel will make a decision based on the written information submitted)		
I /We wish to attend the appeal hearing with a *friend/advisor/interpreter/signer (*Please delete as appropriate) Please give details in section D below.		
I / We wish my/our representative to put my / our case to the appeal hearing on my / our behalf.  Please give details in section D below.		

D If you would like to bring a friend/advisor/interpreter/signer to the appeal hearing please complete the following information				
FRIEND				
ADVISOR				
*INTERPR	RETER			
*SIGNER				
	Work Tel No:			
*If you indicate you require the use of an interpreter or signer the school will contact you to make the necessary arrangements				
	FRIEND ADVISOR *INTERPE *SIGNER			

PLEASE STATE YOUR GROUNDS OF APPEAL ON THE SEPARATE SHEET(S) ATTACHED

E STATEMENT OF GROUNDS OF APPEAL				
PLEASE CONTINUE ON SECOND SHEET IF NECESSARY				
NAME OF CHILD				
I confirm the information I have given on the appeal form and in my statement is correct				
Signed Date				
Name (please print)				

E STATEMENT OF GROUNDS OF APPEAL (Continued)				
NAME OF CHILD				
TWITE OF CITIES				
Signed	Date			
Name (please print)		_		