

BRENTFORD SCHOOL FOR GIRLS

Appeal Mid-Year Application Form

Appeal Against Mid-Year Admission Decision

To appeal against the decision not to allocate a place at Brentford School for Girls to your child, please return the completed form together with any supporting documents **within 20 days of the date of issue** to:

Ms F Duffy, BSfG, 5 Boston Manor Road, Brentford, Middlesex, TW8 0PG

Please complete the details in Block Capitals using Black Pen

For office use only DATE OF ISSUE: DATE RECEIVED:

Students Name:	Date of Birth:	Current Year Group:
Year Group Applying: (e.g. Year 8)		Gender: (Male/Female)
Name and initials of Parent:		Title: (eg: Mr/Mrs/Miss/Ms)
Address: (Current for Correspondence)		
Home telephone number:	Daytime telephone	e number:
School child currently attends or last atte (where applicable)	ended: The School you are	e appealing for:
Please indicate which dates you CANNOT attend <i>(excluding weekends)</i> and any particular time of day which you would find difficult:		
Please use this space to tell us anything about your access needs: (eg: do you need an interpreter, large print, wheelchair access)		

Do you require 14 days' notice of the appeal hearing date?		
Signed Date		
Please turn over		
Please note that all correspondence relating to your original application will be forwarded to the Appeal Panel unless you advise, in writing, to the contrary.		
 The grounds for my appeal are set out below. You may attach additional sheets to this form. I wish to attend the Appeal Panel hearing unaccompanied/accompanied 		
I will be accompanied by:		
NameTitle PLEASE PRINT NAMES		
Status of Companion		
Please write the grounds for your appeal in this space or attach a separate sheet with the information you wish to be considered:		

Checklist: Before returning this form please ensure that you have;
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Completed all relevant sections of this form

Enclosed any relevant evidence in support for your reasons for your appeal

Signed Form to Appeal

Please note: If you are in the process of moving house and this forms part of the reason/s for your appeal you should be aware that the Appeal Panel can only take account of the address you are resident at on the day of the appeal hearing.

Signature...Print Name...

Date