

## ADMISSION APPEAL REQUEST - Blacklow Brow School

You have been refused a place for your child at: Blacklow Brow School

You have a right of appeal against this decision. Please see the related notes which explain the procedures. If you decide to appeal, please complete this form and return it to the address shown on the back page of this form.

If your child has a Statement of SEN/EHCP, procedures are different. Please see notes.

Pupil Details	
First name(s):	Surname:
Boy 🗌 Girl 🔲	Pupil's date of birth: / /
Name of current/previous* school:	
School Address:	
*if previous, date of leaving: /	/
Pupil's home address:	
	Post Code:
Details of person making the appeal	: :
Mr/Mrs/Miss/Ms First Name(s):	Surname:
Address (if different from above):	
Post Code:D	Paytime contact tel no:
Relationship to pupil:	
Do you intend to attend the appeal?	YES / NO
If you intend to have a representative a extra copy of the papers for your repres	t the appeal, please give his/her details here. You will be sent an sentative.
I will be represented by:	
Status of representative:	eg friend, relative

Reasons: Please give the reasons* why you think your child should be admitted to this school:-		
	provide more information, please attach additional sheets firmly to this form and mild's full name is marked at the top of each page.	
Alternative Or school name h	ffers: Have you been offered a place at another school? If so, please state the sere:	
•	the information given above is correct. I am aware that if I do not attend the take place in my absence using the information available.	
Signed:	Date:	
Please return th	is form F.A.O.:	
E.mail:	Headteacher Blacklow Brow School Huyton Liverpool L36 5XW office@blacklowbrowschool.co.uk	

<sup>\*</sup>If you wish to state that you believe your child has been refused a place on the grounds of unjustifiable discrimination linked to a disability, please make this clear in your reasons.