## **HOLY TRINITY CE ACADEMY**

## APPEAL AGAINST REFUSAL OF A SCHOOL PLACE

If you wish to appeal against the refusal of a place at the school, please fully complete this form and return it with any supporting documents to Holy Trinity CE Academy, 1 Quemerford, Calne, Wiltshire, SN11 OAR. Forms should be returned within 20 school days of the date of your refusal letter.

PLEASE PRINT CLEARLY – This form will be photocopied

CHILD'S SURNAME			DATE OF BIRTH	
CHILD'S FIRST NAMES				
ADDRESS				
YOUR CONTACT DETAILS	Home phone No.	Work		
	Mobile	email		
The name of the school currently attended (if applicable)				
I wish / do not wish to attend the appeal hearing (please delete as appropriate)				
I anticipate being a	ccompanied by: (insert name)			
Please advise of any special requirements to enable you to attend (for example, are you disabled or will you need and interpreter and if so, what language?)				
SIGNATURE OF PARENT OR GUARDIAN				
Please print name			Date	
(Mr/Mrs/Ms/Miss)				
NOW TURN OVER TO COMPLETE THE REASON FOR YOUR APPPEAL				
It is e	essential that you state the grou	unds f	or your appeal	

The reasons for appealing are (enclose a separate sheet if necessary):			
Please attach any supporting documentation (doctor's letter, tenancy agreement or			
evidence of house move or any other documentation)			
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Please return the completed form to: The Clerk to the Governors, Holy Trinity CE Academy,			
1 Quemerford, Calne, Wiltshire, SN11 0AR.			
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The information you provide will be included as part of your case for your appeal and will be			
shared with the Local Authority Admissions Department, the Appeals Panel and Clerk to the			
Appeals Panel. This information will be held for seven years in line with the school's			
retention and disposal policy.			