



**THE INDEPENDENT APPEALS PANEL OF  
LYNCH HILL SCHOOL PRIMARY ACADEMY  
APPEAL AGAINST DECISION TO REFUSE ADMISSION**

PUPIL'S SURNAME:		DATE OF BIRTH:	
PUPIL'S FIRST NAME(S):		GENDER:	MALE/FEMALE
PRESENT OR LAST SCHOOL:			
YEAR GROUP APPEALING FOR:			
Do you have any other children? Please indicate their names, ages and schools they attend			
Name	Date of Birth	School Attending/Allocated	
Does your child have special educational needs? YES/NO If YES, please attach details and medical/professional evidence			
Does your child have a statement of educational needs? YES/NO If YES, you <b>cannot</b> go through this appeal process. Please contact the Special Education Needs service on 01753 787638			
If your child has been permanently excluded more than once. Please give details of last exclusion.			

**PARENT / GUARDIAN DETAILS:**

TITLE:	INITIALS:	SURNAME:	
RELATIONSHIP TO CHILD:			
CURRENT ADDRESS:			
	POSTCODE:		
EMAIL ADDRESS:			
HOME TELEPHONE NUMBER:		MOBILE NUMBER:	

**GROUND/REASONS FOR SUBMITTING THE APPEAL:**  
(Please add further pages if necessary)

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[Empty rectangular box for signature and date]

Signed: .....Date: .....  
(Parent/Guardian)

PLEASE MAKE SURE THAT YOU HAVE SIGNED THE FORM AND THEN RETURN IT TO:

**The Clerk to the Appeals Panel  
P.O. Box 4235  
Slough  
Berkshire  
SL3 3FP**

No acknowledgement of receipt of this form will be sent, unless you enclose a stamped addressed envelope. The Clerk cannot seek medical or professional evidence on your behalf so please ensure you submit all evidence you wish the Panel to consider with this form.