



Appeal for Place at
LYNCH HILL SCHOOL PRIMARY ACADEMY

Name of Pupil:	Surname:	
	Forename:	

Date of Birth:	D	D	M	M	Y	Y	Y	Y

Home Address:			
	Postcode:		

Name & initials of Parent / Guardian:	(Mr / Mrs / Miss / Miss)

Contact details:			
Home Tel No:		Mobile:	
Email:			

Present school and address:	
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Grounds / Reasons for submitting the Appeal
Please indicate below your reasons for appealing. You may attach additional sheets to this form. Any letter you have already sent to the Clerk concerning your appeal will be attached to this form and circulated to the Appeal Panel. (see note 2 overleaf)

Grounds / Reasons for submitting the Appeal (Continued)

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Notes to assist with the completion of the form:

1. If part of the reason for your appeal is your / or your child's medical / health condition it may be helpful to your case if you were able to provide written evidence of this. Medical etiquette precludes the Clerk from writing direct to your GP about such matters.
2. If there is a Special Educational Need, the Panel will require evidence from a suitably qualified expert.

Please note that the Clerk does not request any information on your behalf.

Signed:		Date:	
(Parent / Guardian) please circle which one			

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

**Mrs Seema Kharbanda
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.

For any general queries regarding the Appeal, please contact Sue Stoddart at the Slough Learning Partnership on 01753 598368 or mail to: susanstoddart@lgs.slough.sch.uk