

Yours faithfully

Joti Patel
School Appeals Co-ordinator
Democratic Services
London Borough of Hounslow

8. Please give your contact details:

Title: Mr, Ms, Miss, Mrs, Mr and Mrs, and Dr etc (Please delete as necessary).

Name: _____ Name: _____

Address: _____ Address: _____

Postcode: _____ Postcode: _____

e-mail: _____ e-mail: _____

9. **Contact Telephone Number:** (Day) _____ (Evening) _____

Mobile (1) _____ Mobile (2) _____

10. Please state whether you will be attending the appeal hearing.

Yes (tick) _____ No _____ (tick)

Do you require an interpreter at the hearing?

Yes (tick) ___ No (tick) ___ If yes, which language _____

11. Sometimes there is an opportunity to arrange your appeal at short notice. This means that you waive your right to proper notice (it should be 10 working days) Please tick yes if you agree to have an appeal at shorter notice.

Yes (tick) _____ No _____ (tick)

12. What are your reasons for appealing for a place at the school? What problems would be created if your child did not get a place at the school? The appeal will be considered in private and you are encouraged to put down as much information as possible (please continue on a separate sheet if necessary).

Please note that if you have already appealed you will not normally be allowed to appeal again for the same school - unless there have been substantial changes to your circumstances.

My reasons for appeal are:

YOU MUST COMPLETE SECTION 12 AND SIGN THE FORM

13. Your Name:

_____ (please print)

Signature _____

14. Date _____

**Please send this form to the Clerk to the Appeals Panel, Democratic Services,
Hounslow House, 7 Bath Road, Hounslow, TW3 3EB**

***If you have any queries about the appeal, please contact Democratic Services
020 8583 3356 or email: schoolappeals@hounslow.gov.uk***



London Borough of Hounslow

Hounslow Council works within an Equal Opportunities Policy. We would like to monitor our work and ensure that our school appeals process does not discriminate against particular ethnic groups, and therefore would be grateful if you would fill in this form and return it with your appeal form.

Please tick the relevant category in respect of your child.

Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White European	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White UK	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White other	<input type="checkbox"/>
Black other	<input type="checkbox"/>			Other Group	<input type="checkbox"/>

Department for Education (DFEE) categories

The information provided will not affect the Appeal Committee's decision, as they will not be given the information. It will not be kept on individual records and will only be used to provide aggregated / general statistical data. Your name does not appear on this form.

Please return this form together with your completed appeal registration form to the Clerk to the Appeals Panel, Democratic Services, Hounslow House, 7 Bath Road, Hounslow TW3 3EB