



KATHARINE
LADY
BERKELEY'S
SCHOOL
FOUNDED 1384

Admission appeal application form 2019

	Parent (Carer) 1	Parent (Carer) 2
Title: Mr/Mrs/Ms/Dr/Other		
First Name:		
Family Name (Surname):		
Full address with postcode:		
Telephone number(s):		
Email:		
Child's full name:		Date of birth:
Current School:		Current School Year:
School allocated by L.A for September: (if applicable)		
Will you be submitting additional supporting documents?	Yes/No	If yes, this must be received at least one week prior to your hearing date which will be advised in due course.
Who will be attending the appeal hearing?	Parent/Carer 1 Yes/No Parent/Carer 2 Yes/No	Please give details of any additional attendees and their role e.g. Family member, Medical supporter.

I wish to appeal for a place at Katharine Lady Berkeley's School for the following reason(s):
(continue on a separate sheet if necessary)

Signed (parent/carer):

Date: