



ST. JOAN OF ARC Catholic School

SCHOOL ADMISSIONS APPEAL PANEL IN YEAR ADMISSION TO ST JOAN OF ARC CATHOLIC SCHOOL

Return to: Head of School, Admissions Appeal, St Joan of Arc Catholic School, High Street, Rickmansworth, WD3 1HG.

You are advised to read the guidance on School Admissions Appeal Panels before completing this form in black pen (because it will need to be photocopied) and use block capitals throughout. The school follows Hertfordshire County Guidance on Admission Appeals. This is available at <https://www.hertfordshire.gov.uk/services/schools-and-education/school-admissions/school-appeals/school-appeals.aspx>

It is essential that you complete all sections of this form

Child's surname:

Child's forenames:

Child's date of birth:

Name of child's present school:

Please give your details below. Parents can appeal jointly. If you live at different addresses we will only send papers to the address given below.

Your relationship to the child (father/mother/guardian etc.)

Name of Parent/carer/guardian

Daytime telephone no.

Full address (including postcode)

Evening telephone no.

Please state below the name of any friend/representative who will be accompanying you:

Signed

Date:

Appeals are not heard during half terms and summer holidays.

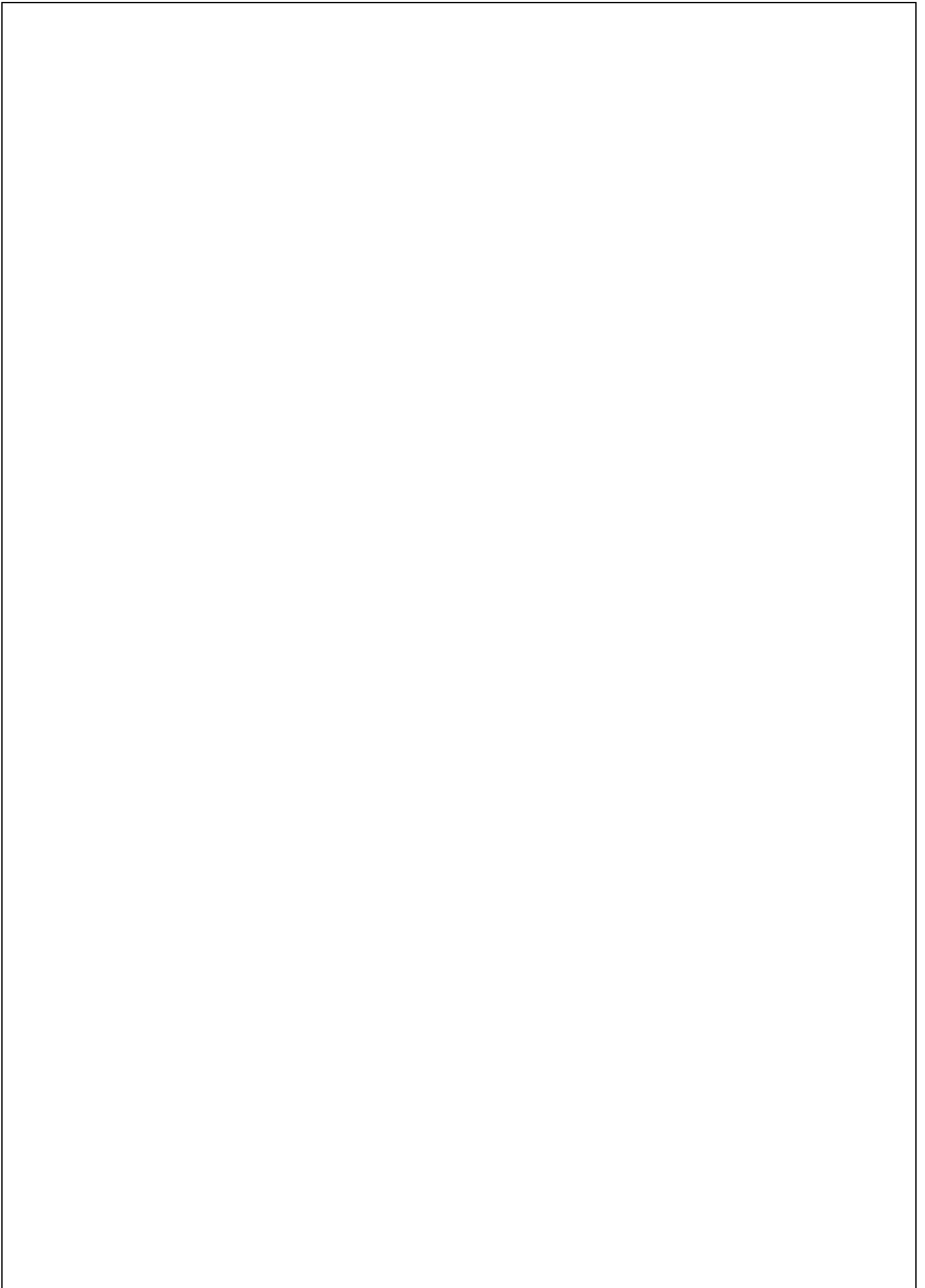
Please tick the boxes in the following section to assist us in the arrangements for your appeal.

- Does your child have a Statement of Special Educational Needs? Yes No
- Do you wish to attend the appeal hearing to state your case in person? Yes No
- Will you be accompanied by a friend or a representative at the hearing?
(if yes, please tell us who overleaf) Yes No
- Do you require disabled access? Yes No
- Do you require any other special arrangements?
If yes, please contact the Admissions Officer at the school on
01923 773881. Yes No

It would help us if you would indicate your reason(s) for appeal by answering the following questions:

- Do you believe that there was a mistake in the way the admission rules and arrangements were applied which has resulted in your child being denied a place? Yes No
- Do you believe your child has been unlawfully denied a place because of his or her disability? Yes No
- Do you have any social or medical reasons? Yes No
- Do you have any educational reasons? Yes No
- Do you have any other reasons? Yes No

Please state your case in more detail, relating it to the answers you have given on the previous page. (You may also attach information on separate sheets if you wish). Should you need to submit additional information **AFTER** you have returned your form, could you please send to us at least 7 days before your hearing.



To help us reproduce your case in the way that you would like it presented to the independent appeal it would be extremely helpful if you could assist us with the following requests:-

- Please provide **1 copy** of all appeal documentation (including Appeal Form).
- Please provide **1 copy** of any maps highlighting routes or documents containing highlighted text.
- Please provide any colour photographs mounted on A4 paper with any descriptions you wish to add clearly marked under the photo.
- Please do not submit your case either bound or in any kind of folder because this will need to be dismantled in order to duplicate.
- Please do not submit DVD's, CD's or Video's, these cannot be reproduced to be circulated as part of your case to panel members nor do we hire facilities at the venues for these to be played.