**Section 1: Child’s details**

Please complete this form if you wish to appeal against PolyMAT’s decision not to offer your child a place at a school for which you have applied. It is recommended that you read the ‘Admission Appeal Guidance Notes for Parents and Carers’ before completing this form.

Child’s family name/surname: ……………..…………………………………………………………......

Child’s given/first name(s): ……………………………………………………………………………........

Date of Birth: ………………………………… Male/Female: ………………………………….............

Parent/Carer Full Name: (Mr/Miss/Ms/Mrs) ………………………………………………………...

Address: ………...……………………………………………………………………………………..................

……………………………………………………………… Tel No: …………………………………………….……

Email Address ………………………………………………………………………………………………………..

**Section 2: Additional information**

Have you submitted an appeal form at any time in the past? YES/NO

If yes, please name the school appealed for: …………………………………………………………

In which year was the appeal heard? …………………………………………………………………….

Are there any days on which you cannot attend an appeal hearing? YES/NO

If yes, please give specific dates: ……………………………………………………………….............

Do you have English as a second language? YES/NO

If yes, please state language spoken: …………………………………………………………………….

Do you intend to bring someone with you to act as an interpreter? YES/NO

Do you have any physical (mobility) difficulty? YES/NO

If yes, please describe so that we can make sure you will be able to access the room where the hearing is to be held:

………………………………………………………………………………………………………..

………………………………………………………………………………………………………..

………………………………………………………………………………………………………..

**Section 3: Parent’s/Carer’s statement**

I wish to appeal against the decision not to offer my child a place at ………………………………… School because: