



## New intake Appeal application form – September 2018

### Notes for completion:

- Please complete all pages using **capital letters in black ink or typed**.
- Please ensure the form is returned by **Thursday 12<sup>th</sup> April 2018 4pm**.
- Any Appeal Applications received after **Thursday 12<sup>th</sup> April 2018 4pm** may not be heard with the other appeals.
- The date of the appeal will be notified to you in writing.

|   |     |   |   |                             |         |  |                              |  |  |  |
|---|-----|---|---|-----------------------------|---------|--|------------------------------|--|--|--|
| Full name of student                                  |     |   |   |                             |         |  |                              |  |  |  |
| Date of birth   |     |   |   | Gender                      | Female  |  | Male                         |  |  |  |
| Test taken - date                                     | D   | M | Y | Location of testing centre: |         |  | Test <b><u>NOT</u></b> taken |  |  |  |
| Address of student                                    |     |   |   |                             |         |  |                              |  |  |  |
| Name of parent/carers                                 |     |   |   |                             |         |  |                              |  |  |  |
| Address of parent/carers<br>(if different from above) |     |   |   |                             |         |  |                              |  |  |  |
| Contact Telephone Numbers                             | Day |   |   |                             | Evening |  |                              |  |  |  |
| Email Address   |     |   |   |                             |         |  |                              |  |  |  |

This appeal form should be returned to the school:

Sarah Glass, Corby Technical School, Cottingham Road, Corby, Northants, NN17 1TD or by email to: [appeals@corbytechnicalschool.org](mailto:appeals@corbytechnicalschool.org)

Grounds for the appeal should arrive no later than **4pm** on **12<sup>th</sup> April 2018**.

**Grounds For Appeal (to be completed by parent/carer)**

*If necessary, please continue on a separate sheet and attach any supporting evidence to this form.*

Please place student on the waiting list if the appeal is NOT upheld

Yes

No

Please indicate if you intend to be present at the Appeal and/or have a representative with you or representing you.

Yes

No

Please indicate if you require disabled access

Yes

No

Please indicate if you require the facilities of a language/sign interpreter

Yes

No

*Please state requirements*

Signature (parent/carer)

Date of submission of Appeal: