

## 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 **Monday 16<sup>th</sup> April by 5.00pm.**
- Any Appeal Applications received after **Monday 16<sup>th</sup> April by 5.00pm** 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	TESTING CENTRE LOCATION				TEST NOT TAKEN		
ADDRESS OF STUDENT										
NAME OF PARENT/CARER										
ADDRESS OF PARENT/CARER <i>(IF DIFFERENT FROM ABOVE)</i>										
CONTACT TELEPHONE NUMBERS	DAY					EVENING				
EMAIL ADDRESS										

### THIS APPEAL FORM SHOULD BE RETURNED TO THE SCHOOL:

Mrs Sarah Smith, Corby Technical School, Cottingham Road, Corby, Northamptonshire, NN17 1TD  
Or by email to: [appeals@corbytechnicalschool.org](mailto:appeals@corbytechnicalschool.org)

**GROUNDS FOR THE APPEAL SHOULD ARRIVE NO LATER THAN 5PM ON 16<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	