



# St John Payne Catholic School

Patching Hall Lane Chelmsford Essex CM1 4BS

Tel: 01245 256030 Fax: 01245 352337 Email: [office@sjp.essex.sch.uk](mailto:office@sjp.essex.sch.uk)  
[www.sjp.essex.sch.uk](http://www.sjp.essex.sch.uk)

Headteacher: A. Schular BSc. (Hons), PGCE, MA, NPQH

## St John Payne Catholic School

Please read **A Guide to School Admission Appeals** before completing this form.

### SCHOOL ADMISSION APPEAL NOTICE OF APPEAL FORM

I am appealing for a place at: **St John Payne Catholic School**

and would like my child to start: *(date)*

Child's full name:

Male or Female *(delete as appropriate)*

Child's date of birth:

My name *(Mr. Mrs. Miss, Ms other):*

My relationship to the child is *(parent, guardian, relative):*

Current address *(including Post Code):*

*I am in the process of buying/renting a new property. I attach a copy of a letter from my solicitor/copy of my tenancy agreement confirming my new address and the date on which I expect to move in.*

**Contact details:**

Telephone (home)

Telephone (work)

Mobile:

Email: *(please write clearly)*

*(if you supply an email address we will acknowledge your application by email)*

**My child currently attends** *(name of school):*

**My child is currently in year group:**

**My child has been offered a place at:** *(name of school)*

**To begin in year group:**

**Please list the schools you have applied for:**

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**Please tick one of the following boxes to indicate attendance at the appeal hearing:**

I will attend the appeal hearing:

I will not be able to attend the appeal hearing:

I will not be able to attend the appeal hearing but someone will attend on my behalf

I will not be able to attend the appeal hearing and understand that the panel will base their decision on my written reasons and evidence:

**Please tick the box if you are happy to waive your rights to 10 school days' notice of your appeal hearing.** This may enable us to timetable your appeal earlier than otherwise expected.

I am happy to waive my rights:

I am not happy to waive my rights:

I will need a signer, an interpreter who speaks the following language at the appeal hearing:

Signer  Please state language.....

Interpreter

I have a disability and need the following adjustments made at the venue:

.....

**Reasons for appeal: (you must complete this section):**

- Give full reasons for your appeal and continue on a separate sheet if necessary.
- Attach any additional paperwork securely.

**Declaration:**

All information given is correct to the best of my knowledge and I am the person with parental responsibility for the child named on this form.

Signed .....

Date .....

If you are producing additional paperwork, please list it below:

<u>Description of paperwork</u>	<u>Attached</u>	<u>Sending later</u>
1.		
2.		
3.		
4.		
5.		
6.		

Please return your completed form marked **Private and Confidential** to:

Admissions  
St John Payne Catholic School  
Patching Hall Lane  
Chelmsford Essex CM1 4BS

We cannot be held responsible for forms that are lost in the post, sent or delivered to other locations.