

# EDUCATION ACT 1998

## SCHOOL ADMISSION APPEAL FOR TRINITY HIGH SCHOOL

Fill in the form using black ink.

Child's name		
Date of birth		Male / Female
Current school		
School offered		
Parent's name	Mr / Mrs / Ms	
Address		
	Post code	
Daytime phone number		
Mobile phone number		
Email		

How do you wish to have your appeal dealt with? Tick a box to select one of the options	Attend appeal in person <input type="checkbox"/>	Appeal dealt with on written representations <input type="checkbox"/>
Will you require any additional support, for example, disabled access, sign language or a language interpreter?		

.....

.....

<b>Details of anyone you wish to bring with you</b>	
Name	
Role (eg friend, legal adviser)	

If your appeal is for a place in Year 9 starting in September you must return this form by 28<sup>th</sup> March

If your appeal is for a place at any other time you must return this form within 20 school days of receiving your outcome letter

Return this form to **The Appeal Clerk**  
**Admissions Department**  
**Trinity High School & 6<sup>th</sup> Form Centre**  
**Easemore Road**  
**Redditch**  
**Worcestershire**  
**B98 8HB**

Appeals are not heard during the school holidays.

<b>Reason(s) for appeal</b> (continue on separate sheet if necessary)
---

