



**THE INDEPENDENT APPEALS PANEL OF
KHALSA PRIMARY SCHOOL
APPEAL AGAINST DECISION TO REFUSE ADMISSION**

PUPIL'S SURNAME:		DATE OF BIRTH:	
PUPIL'S FIRST NAME(S):		GENDER:	MALE/FEMALE
PRESENT OR LAST SCHOOL:			
YEAR GROUP APPEALING FOR:			
Do you have any other children? Please indicate their names, ages and schools they attend			
Name	Date of Birth	School Attending/Allocated	
Does your child have special educational needs? YES/NO If YES, please attach details and medical/professional evidence			
Does your child have a statement of educational needs? YES/NO If YES, you cannot go through this appeal process. Please contact the special education needs service on 01753 787638			
If your child has been permanently excluded more than once. Please give details of last exclusion.			

PARENT / GUARDIAN DETAILS:

TITLE:	INITIALS:	SURNAME:	
RELATIONSHIP TO CHILD:			
CURRENT ADDRESS:			
	POSTCODE:		
EMAIL ADDRESS:			
HOME TELEPHONE NUMBER:		MOBILE NUMBER:	
TRANSLATOR REQUIRED:	YES/NO		
GROUND/REASONS FOR SUBMITTING THE APPEAL: (Please add further pages if necessary)			

[Empty rectangular box for signature and date]

Signed:Date:
(Parent/Guardian)

PLEASE MAKE SURE THAT YOU HAVE SIGNED THE FORM AND THEN RETURN IT TO:

**The Clerk to the Appeals Panel
P.O. Box 4235
Slough
Berkshire
SL3 3FP**

No acknowledgement of receipt of this form will be sent, unless you enclose a stamped addressed envelope. The Clerk cannot seek medical or professional evidence on your behalf so please ensure you submit all evidence you wish the Panel to consider with this form.