



APPEALS FOR ADMISSION TO ETONE COLLEGE

YEAR* 7 8 9 10 11 12

* please circle as appropriate

1.	Please complete your child's personal	details
	First Name of Child	Last Name of Child
	Boy or Girl	Date of Birth
	Current Home Address	
		Post Code
	Present School	
2.	Have you attached any reports or lette be put before the Panel in support of y below and attach them securely to this	our appeal? If so, please list them
2.	be put before the Panel in support of y	our appeal? If so, please list them sform.
2.	be put before the Panel in support of y below and attach them securely to this	our appeal? If so, please list them sform.
2.	be put before the Panel in support of y below and attach them securely to this	our appeal? If so, please list them sform.
2.	be put before the Panel in support of y below and attach them securely to this	our appeal? If so, please list them sform.
2.	be put before the Panel in support of y below and attach them securely to this	our appeal? If so, please list them sform.
2.	be put before the Panel in support of y below and attach them securely to this	our appeal? If so, please list them sform.

rounds of Appeal ease set out the reasons for your appeal. nd attach it securely to this form.	Use an additional sheet if necessary
Have you attached an additional sheet?	YES NO

Has your child got a S			
	YES □	NO	
Do you wish to attend	the appeal i	n person? Plea	se tick box
	YES □	N	IO 🗆
			nd to be represented or to ur representative(s) and/o
Name of Representativ	e Title Mr/ Mrs/Miss	Forename	Surname
Name of Witness	Title Mr/ Mrs/Miss	Forename	Surname
Do you require 10 day		ne appeal hearir	ng date?
(Please delete as app i YES	ropriate)		
NO - I confirm that I wa	ive my riaht ta	o 10 days notice (of the appeal hearing date
NO - I committe mace wa	ivo iiiy iigiit te	, io days notice (or the appear meaning date

DATA PROTECTION STATEMENT

The information collected on this form will be used by the independent appeals panel in support of your appeal. The form will be circulated to members of the independent appeals panel prior to the appeal meeting. This information will be retained for 2 years.

8.	Please sign below as appropriate
	Signature of Mother/Carer
	Print Name clearly
	Daytime Contact Telephone Number
	Mobile Telephone Number
	E-mail Address
	Date
	Signature of Father/Carer
	Print Name clearly
	Daytime Contact Telephone Number
	Mobile Telephone Number
	E-mail Address
	Date

Return this form to:

Clerk to the Appeal Panel, Etone College, Leicester Road, Nuneaton CV11 6AA

You may submit additional information any time up to the hearing but please note if you do provide anything new too close to the hearing dates, which the panel think may be significant, the panel may need to adjourn to allow all parties the opportunity to consider it.