

**INDEPENDENT ADMISSION APPEALS PANEL**  
**Church of England Schools and Academies in Coventry Diocese**

This form is to be used for the right of independent appeal against the decision of the governing body regarding the refusal of a place at the school. Please complete the following details:

Date\_\_\_\_\_ School you are appealing for:\_\_\_\_\_

Surname of child\_\_\_\_\_

First name of child\_\_\_\_\_ Gender\_\_\_\_\_

Date of birth\_\_\_\_\_

Name of appellant (person appealing on behalf of the child)\_\_\_\_\_

\_\_\_\_\_ Title of appellant (Mr, Mrs, Ms)\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_ Postcode\_\_\_\_\_

Tel\_\_\_\_\_ Email\_\_\_\_\_

Please indicate the entry date and year group you are seeking:

Immediate entry ☐ September entry ☐ Year group\_\_\_\_\_

Name of school currently attended\_\_\_\_\_

Please give dates and school names of any and all exclusions\_\_\_\_\_

\_\_\_\_\_

**Instructions to appellants:**

- Complete the attached sheet stating the grounds for your appeal – please continue on separate sheets if necessary.
- Please sign and date the bottom of each sheet
- Return the form with any supporting documentation to:

Clerk to the Independent Appeals Panel  
Benn Education Centre, Craven Road  
Rugby  
CV21 3JZ

Email: [Lisa.boffey@coventrydbe.org](mailto:Lisa.boffey@coventrydbe.org) Tel: 01788 422800

Please give details stating the grounds for your appeal – please continue on separate sheets if necessary

Signed \_\_\_\_\_ Date \_\_\_\_\_