

**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

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

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