JCoSS
JEWISH COMMUNITY SECONDARY SCHOOL

Headteacher:
Patrick Moriarty
MA (Oxon), MA (Ed), NPQH

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Application to appeal for a place at JCoSS for the Academic Year 2016/2017

Please complete the form below to appeal for a place for your child. The form must be submitted **by post or by hand** for the attention of Orna Galvin at JCoSS**.**

Name of Child Surname: Forename:		**Date of Birth**
Current School	**Borough**	
Year group for which you are applying		
Parents' Contact Details		
Name		
Address		
Email		
Telephone	**Home No.**	**Mobile No.**

If English is not your first language you can bring someone with you to assist you.
I require an interpreter **Y/N** Language
I require a signer **Y/N**

Please advise us if you have any specific needs:

Do you wish to attend the appeal in person? **Y/N**
If you do not attend the appeal will be heard based on your written case.

Grounds for Appeal – Please submit a detailed statement of your case on a separate document and provide ***6 copies*** of your case and all supporting documentation.

Signed