

Application to appeal for an In Year place at JCoSS

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:		Date of Birth	
Forename:			
Current School		Borough	
Year group for which you are applying		Academic Year 20../20..	
Parents' Contact Details			
Name			
Address			
Email			
Telephone	Home No.	Mobile No.	
<p>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</p> <p>Please advise us if you have any specific needs:</p> <p>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.</p>			
<p>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.</p>			
Signed			