



ST EDWARD'S  
COLLEGE  
LIVERPOOL

## NOTICE OF APPEAL

### Child's Information:

Full Name:	
Date of Birth:	
Address:	
Religion:	
Primary School:	
Allocated School:	
Schools specified on preference form (order not required)	

### Parent's/Guardian's Information:

Full Name:	
Address: (if different to above)	
Telephone No(s):	
Email address:	
Relationship to child: (i.e. parent/legal guardian)	

### Additional Information:

Will you be attending the Appeal Hearing?	Yes	No
Do you have any written statements/letters in support of your appeal that you intend to refer to at the appeal hearing? <i>If yes, please include with this Notice of Appeal</i>	Yes	No
Do you require any Interpreter/signer? <i>If yes, please provide detail including which language/dialect</i>	Yes	No
Do you intend to have a representative with you at the hearing? If yes, please provide contact details which will be shared with the Clerk: Name: Address: Email:	Yes	No

Accessibility:

Do you have access to WiFi?	Yes	No
Do you have access to a WiFi enabled device? (e.g. smartphone, tablet, ipad, computer or laptop?)	Yes	No
If you have the correct equipment, how would you prefer to have your appeal heard?	1. Video conference (using Zoom) 2. Telephone conference (using Zoom) 3. Written submission only	
If you do NOT wish to use the conference facility and would like your appeal to be heard by written submission, how would you like this to happen?	1. In absence based on written submission 2. Via your written submission but with the option for the Clerk to correspond with you to seek answers to any questions which the panel may wish to ask.	
Are there any other issues that we should be aware of which prevent your appeal being heard in one of the ways listed above?		

Appeal date:

List any dates/times between Friday 7 June and Friday 14 June 2024 when you are NOT available to attend a virtual hearing. We will try to avoid the date/time <b>but cannot guarantee this.</b>	
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Consent:

Do you consent to your contact details being shared with the Clerk (third party) in order to arrange a remote appeal hearing?	Yes	No	
Do you consent to the name of your representative being shared with the Clerk (third party) to enable them to attend the remote appeal hearing?	Yes	No	N/A

Grounds/reasons for Appeal:

*Please continue on a separate sheet if required*

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**Declaration and signature:**

The information I have given is correct to the best of my knowledge. I understand that should any information given be false or misleading the Panel have the right to review their decision and withdraw a place if necessary:	
Signed:	
Print:	
Date:	

Please return completed form to: Clerk to the Appeal Panel, c/o St Edward's College, Sandfield Park, Liverpool, L12 1LF (or by email to [sec.appeals@gmail.com](mailto:sec.appeals@gmail.com)) by **Monday 15 April 2024**.