



APPEAL AGAINST DECISION OF JFS

This form should be completed clearly by the parent/guardian and returned by **Friday 23rd May 2025**.
Please type, or write in capitals with black ink (to ease reading and photocopying).

FULL NAME OF CHILD:		
ADDRESS:		
TELEPHONE NUMBER: DAY:		
EVENING:		
MOBILE:		
E MAIL ADDRESS:		
CURRENT PRIMARY SCHOOL:		
ALLOCATED SCHOOL:		
SCHOOLS AS LISTED ON YOUR COMMON APPLICATION FORM (1-6):	1.	4.
	2.	5.
	3.	6.
The appeal venue will have disabled access but please advise us if you have any specific needs:		
Do you wish to attend the appeal in person? If you do not attend the appeal will be heard based on the written case.	YES/NO	
If English is not your first language you can bring someone with you to assist you. If however you require us to arrange an interpreter or signer please advise us.	I REQUIRE YOU TO ARRANGE AN INTERPRETER AND THE LANGUAGE IS:	
NAME OF PARENT/GUARDIAN:		
SIGNATURE OF PARENT/GUARDIAN:		
DATE:		

PLEASE SUBMIT A DETAILED STATEMENT OF YOUR CASE ON A SEPARATE SHEET OF PAPER. IF YOU SUBMIT ANY DOCUMENTS TO ACCOMPANY YOUR APPEAL YOU MUST PROVIDE SIX COPIES.

All appeals must be returned to **Mrs J Bransgrove**, Clerk to the JFS Appeal Panel, c/o JFS, The Mall, Kenton, Harrow, HA3 9TE

My reasons for appealing are:

You must include at least a summary of your grounds of appeal in order for your appeal to be lodged.

If necessary, please continue on a separate sheet and attach any supporting documents/evidence.