

School Appeals, Governance Support, Town Hall, Castle Circus, Torquay TQ1 3DR

Dear Parent

Please complete this form if you wish to appeal against the decision of Torquay Boys' Grammar School not to admit your son to the School. The completed form, together with any additional information, should be sent to the above address.

Candidate's Name	
Date of Birth	
Year Group	
When you would like your child to be admitted?	
Will you be attending the appeal hearing?	
Will you be accompanied?	
Do you want the appeal to be heard in your absence?	
We encourage all parents	s to attend the appeal hearing if possible
Are there any dates during the next six weeks you would not be able attend an appeal hearing?	

Please now turn over and set out the reasons for your appeal

REASONS FOR YOUR APPEAL

Please	state your	reasons	why y	ou feel	a place	should	be	provided	d at	Torquay	/ Boys'	Gramm	ar
School	as fully as	possible	and, if	f necess	ary, use	addition	nal	sheets.	You	should	enclose	copies	of
any add	ditional doc	umentation	on that	you fee	l is relev	ant to y	our	appeal.					

Your Name	
Address	
Daytime telephone number	
Email address	
Signature	
Date	

Data Protection

The information collected on this form will be processed and may be stored electronically by the School in compliance with the Data Protection Act. The data may be shared with Torbay Council or agent of the School, but only for administrative or other service provision purposes and with Government Departments where there is a legal requirement to do so. In accordance with the School Admissions Code, should information given be found to be fraudulent then the offer of a school place can be withdrawn. If you would like further information about Data Protection, please contact the School. By signing or submitting this form. You acknowledge that you have read, understood and agreed to this data processing.