

4. **Has your child got a Statement of Special Educational Needs?**

YES

NO

5. **Do you wish to attend the appeal in person? Please tick box**

YES

NO

6. **If you are attending the appeal in person and intend to be represented or to call witnesses please state below the name of your representative(s) and/or witnesses**

Name of Representative	Title Mr/ Mrs/Miss	Forename	Surname
_____	_____	_____	_____
_____	_____	_____	_____

Name of Witness	Title Mr/ Mrs/Miss	Forename	Surname
_____	_____	_____	_____
_____	_____	_____	_____

7. **Do you require 10 days notice of the appeal hearing date?
(Please delete as appropriate)**

YES

NO - I confirm that I waive my right to 10 days notice of the appeal hearing date

DATA PROTECTION STATEMENT

The information collected on this form will be used by the independent appeals panel in support of your appeal. The form will be circulated to members of the independent appeals panel prior to the appeal meeting.

This information will be retained for 2 years.

8. Please sign below as appropriate

Signature of Mother/Carer _____

Print Name clearly _____

Daytime Contact Telephone Number _____

Mobile Telephone Number _____

Date _____

Signature of Father/Carer _____

Print Name clearly _____

Daytime Contact Telephone Number _____

Mobile Telephone Number _____

Date _____

Return this form to:

Clerk to the Appeal Panel, Barr Beacon School, Old Hall Lane, Aldridge, Walsall, WS9 0RF by the date shown in the accompanying letter.

You may submit additional information any time up to the hearing but please note if you do provide anything new too close to the hearing dates, which the panel think may be significant, the panel may need to adjourn to allow all parties the opportunity to consider it.