



The Billericay School

A Maths & Computing College
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Notice of Appeal

Before completing this form, please read carefully the accompanying Notes of Guidance.

I wish to appeal against the decision not to provide education for my child at The Billericay School.

The reasons for my appeal are set out overleaf.

Child's Full Name:	
Date of Birth:	
Gender (optional):	

My name is (Mr, Mrs, Miss, Ms, Other):	
Relationship to child:	
Contact number(s):	
Email:	
Current address: (including postcode)	

- I am in the process of buying/renting a new property. I attach documents from my solicitor/copy of contract/tenancy agreement confirming my new address and the date on which I expect to move on: YES/NO

My child currently attends:	
Current year group:	
My child has been offered a place at:	
To begin in year group:	

Please list the schools that you have applied for:
1.
2.
3.
4.
5.
6.

Please tick one of the following boxes to indicate attendance at the appeal hearing (via ZOOM)	
I intend to attend the meeting and make oral representation:	<input type="checkbox"/>
I agree to my appeal being decided by the Appeal Committee on written representation only:	<input type="checkbox"/>
I will be accompanied by a friend:	<input type="checkbox"/>
I wish my representative to present my case to the Appeal Committee:	<input type="checkbox"/>

Please tick the box if you are happy to waive your rights to 14* school days' notice of your appeal hearing. This may enable us to timetable your appeal earlier than otherwise expected.	
I am happy to waive my rights:	<input type="checkbox"/>
I am not happy to waive my rights:	<input type="checkbox"/>

* 14 days under new temporary regulations for the hearing of admission appeals during the COVID-19 pandemic.

Name of friend/representative (if applicable):	Yes/No
I will need a signer: BSL	Yes/No
I will need an interpreter (please state language):	Yes/No
My representative/I have a disability requirement as follows:	

