



DRAYTON MANOR HIGH SCHOOL  
**ADMISSION APPEAL FORM**

To be returned to:

Clerk to the Independent Appeal Panel  
Drayton Manor High School  
Drayton Bridge Road  
London  
W7 1EU  
Tel: 0208 357 1900

**NO LATER THAN 12.00 NOON ON FRIDAY 10 APRIL 2026**

PLEASE ENSURE EACH SECTION OF THIS FORM IS COMPLETED FULLY. EMAILS OR HANDWRITTEN SUBMISSIONS CANNOT BE ACCEPTED

**A STUDENT INFORMATION**

Surname/Family Name	Date of Birth
First Names	Year Group
Address at which student lives	
Present School	
Does the child have a brother or sister who is currently attending Drayton Manor? If 'Yes' please give full name and tutor group	
Does your child have a Statement of Educational Needs?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**B PARENT INFORMATION**

MOTHER	FATHER
Surname/Family Name	Surname/Family Name
First Names	First Names
Address (* if different from above)	Address (* if different from above)
Home Tel No:	Home Tel No:
Work Tel No:	Work Tel No:

C Please tick the appropriate box(s)	YES	NO
I / We wish to attend the appeal hearing. (In the event that you are unable to attend, the appeal will go ahead and the Independent Appeal Panel will make a decision based on the written information submitted)		
I /We wish to attend the appeal hearing with a *friend/advisor/interpreter/signer (*Please delete as appropriate)  Please give details in section D below.		
I / We wish my/our representative to put my / our case to the appeal hearing on my / our behalf.  Please give details in section D below.		

D If you would like to bring a friend/advisor/interpreter/signer to the appeal hearing please complete the following information		
NAME OF PERSON ACCOMPANYING	FRIEND	
	ADVISOR	
	*INTERPRETER	
	*SIGNER	
Address		
Home Tel No:	Work Tel No:	
*If you indicate you require the use of an interpreter or signer the school will contact you to make the necessary arrangements		

PLEASE STATE YOUR GROUNDS OF APPEAL ON THE SEPARATE SHEET(S) ATTACHED

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**E STATEMENT OF GROUNDS OF APPEAL**

PLEASE CONTINUE ON SECOND SHEET IF NECESSARY

NAME OF CHILD

I confirm the information I have given on the appeal form and in my statement is correct

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

**E STATEMENT OF GROUNDS OF APPEAL (Continued)**

NAME OF CHILD

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_