

## **School Admission Appeal Form**

## **Section 1: Your Appeal**

For which Year G				
On what date did inserted on your or		school place? (the date you n form)		
	on the refusal de	ecision letter issued to you by the		
For School Office use Only:	Insert the date on which the admission application to which this appeal relates was received at the School Office  Insert the date on which this Appeal Form was			
	received at the School Office			
Section 2: Y	our Child's det	ails (the child who is the subject of thi	s appeal)	
Legal Surname		First Name	Middle name(s)	
Date of Birth: Day	y/Month/Year			
Registered Nation	nality			
Is your child <u>currently</u> on the roll of a UK school?			Yes	No
If 'Yes' please pro	ovide the name	of the school		
When did he/she   Month/Year:	last attend scho	pol?		
Is your child <u>currently</u> A 'Looked After Child'. A child in the care of a Local Authority?			Yes	No
Does your child have an Education Health and Care Plan or Statement issued by a Local Authority?			Yes	No
			1	

Yes

No

Does your child have any siblings <u>currently</u> attending this school?

A sibling definition applies which is set out in the published Admission Arrangements								
If 'Yes' you may choose to provide sibling details as part of your response in Section 3								
Please enter the address at which your child lives for the majority of his/her time								
Troube enter the address at white	on your orma nvoor	or the <u>majority</u> (	51 1110/1101 tilli	<u>,                                      </u>				
How long has he/she lived at thi	s address?	Years:	Months:	Weeks:				
Are there currently any shared r	Are there currently any shared residency arrangements?							
				No				
Section 2. Value details (the person submitting this appeal)								
Section 3: Your details (the person submitting this appeal)								
Section 3: Your details (th	ne person submitting	this appeal)						
Surname Surname	ne person submitting Forer		Mr/Mrs/Mi	iss/Ms/other				
			Mr/Mrs/Mi	iss/Ms/other				
			Mr/Mrs/Mi	iss/Ms/other				
				iss/Ms/other				
Surname	Forer	ame						
Surname  Your relationship to this child	Forer Parent	Carer	0	ther				
Surname	Forer Parent	Carer						
Surname  Your relationship to this child  Do you live at the same address	Parent as the child you a	Carer re appealing on	Yes	ther				
Your relationship to this child  Do you live at the same address behalf of	Parent as the child you a	Carer re appealing on	Yes	ther				
Your relationship to this child  Do you live at the same address behalf of	Parent as the child you a	Carer re appealing on	Yes	ther				
Your relationship to this child  Do you live at the same address behalf of	Parent as the child you a	Carer re appealing on	Yes	ther				
Your relationship to this child  Do you live at the same address behalf of	Parent as the child you a	Carer re appealing on	Yes	ther				
Your relationship to this child  Do you live at the same address behalf of If 'No' then please provide your	Parent as the child you ar	Carer re appealing on	Yes	No				
Your relationship to this child  Do you live at the same address behalf of	Parent as the child you a	Carer re appealing on	Yes	No				
Your relationship to this child  Do you live at the same address behalf of If 'No' then please provide your	Parent as the child you ar	Carer re appealing on	Yes	No				
Your relationship to this child  Do you live at the same address behalf of If 'No' then please provide your	Parent as the child you ar	Carer re appealing on	Yes	No				

# Section 4: Your appeal against the decision to refuse admission

		Yes	No	
Is your intention to be present in person at your appeal hea	ring?			
We have 40 school days to hear your appeals from the deadline	e of			
lodging appeals				
If you intend that another person represents you or accomp	oanies yo	u to the heari	ng, please	
provide their name(s) and status				
Name		Status		
Please explain why you are appealing against the decision				
school. You,or your representative(s) will have the opportunity				
hearing and to expand on the information you set out below. Ple				
the statutory Infant Class Size appeal procedure may restrict the	e informat	ion that an app	eal panel	
can take into account when reaching a decision.				
Continue with your statement:				

Section 5: Declaration and Signature					
In signing this declaration, you confirm that					
The information that I have may ideal on this appeal forms in howest and not int					
The information that I have provided on this appeal form is honest and not into way.	tended to mislead in any				
way  The information provided on this Appeal Form may be shared by the Admission Authority for the					
purpose of responding to any points I have set out and for the preparation of my appeal hearing,					
subject to the Data Protection Act 1988.					
(a) I am entitled to make this appeal as I am the legal Parent/Carer of the child concerned					
(b) I have the appropriate consent from the legally responsible party to make this appeal on their					
behalf					
Signature of Appellant:	Date :				

#### Important information relating to the completion of the Appeal Form

### Please read the following information carefully before completing the Appeal Form:

School Admission Appeals are subject to the requirements of the 2012 School Admission Appeals Code, issued by the Department for Education. A copy can be viewed or downloaded at

www.education.gov.uk

The Governing Body is the Admissions Authority and so responsible for arranging appeal hearings that arise in connection with decisions to refuse admission to the school.

Arrangements for admission appeals in connection with this school are set out in the governors' published Admission Arrangements which can be downloaded from the school website or a hard copy made available from the School Office

The Appeal Form has been designed to gather the information necessary to ensure that your circumstances are clear and that an appeal hearing can be efficiently and effectively scheduled within the statutory timeframe.

The completed Appeal Form may be hand-delivered to the school Reception Office, or sent to the school by post or email attachment. Safe delivery and the security of the information provided on the appeal form during transit, is the responsibility of the appellant. It is advisable to post by a special delivery service or to obtain a receipt if hand delivered.

<u>Please note:</u> The Law requires that Infant classes have no more than 30 pupils to one qualified teacher. If your child has been refused because the admission of a further child would breach this statutory Infant Class Size limit, you should bear in mind that the powers of an appeal panel to uphold an appeal in these circumstances are limited. You are strongly advised to refer to Section 4 of the School Admission Appeals Code and research Infant class Size appeal procedure. You should assess your circumstances and take this into consideration before continuing with your appeal.

- Complete this Appeal Form in full and ensure that you date and sign the declaration before submitting to the School Office
- A separate Appeal Form must be submitted for each child
- Your appeal will not affect any school place your child currently holds or that has been offered for this child.
- Your appeal will be administered and clerked independently of the Admission
  Authority. The appeal clerk will contact you regarding a proposed date and time for
  your appeal hearing as soon as possible after receipt of your completed appeal form.
  Please ensure that your contact details are entered correctly for this purpose.
- Approximately <u>10</u> school days before your scheduled hearing you will receive a
  written statement from the governors setting out the reasons why a place cannot be
  made available at the school for your child.
- Additional information may be provided to the Clerk up to three calendar days before your appeal hearing. No new information may be presented at the hearing, unless the Chair of the Appeal Panel permits this in exceptional circumstances.