

## Appeal a school place decision

### Key Information

Admissions Authority: The Elizabethan Academy Governing Body

Admissions Officer: Mr Christopher d'Albuquerque

Clerk to Appeals:  
Lincolnshire County Council Legal Services

### How to appeal

We will tell you how to submit an appeal in your outcome letter.

You are required to complete the school Admission Appeal Form and send to [office@elizabethan.notts.sch.uk](mailto:office@elizabethan.notts.sch.uk) stating clearly your reasons for your appeal and, if possible, provide any supporting evidence.

You must put your child's name on anything you send us, so we know who it is for. You can submit more information later. If we do not receive it by the deadline, we may not consider it.

### Timetable for offer dates and appeals

National Offer Day: 1 March 2022

Deadline for an appeal to be received: Noon 29 March 2022

All on time appeals for admissions into year 7 in September 2022 will be heard by 17 June 2022.

We may blank out other people's faces or personal details on documents you send us.

We will hear appeals made after these deadlines but they may not be with others for that school.

### What happens next?

We will acknowledge your appeal has been lodged within five working days. If we do not, call 01777713700.

You will receive your appeal pack by post 10 working days before your appeal date. This can be waived on your appeal form.

The pack will include:

- the date, time and venue of your appeal
- a letter to explain why your child did not get a place
- the names of the panel members and clerk

We try to group all appeals for the same school together. They will be heard in office hours during school term time.

### At the appeal

You do not need to attend your appeal, but we recommend that you do or send someone else.

You can bring someone with you (for example, a friend, relative or social worker).

You should bring all documents relating to your appeal on the day.

A person will be there to present the school's case. The clerk will take notes and advise about the law.

Factors that the panel can consider are limited for infant class size appeals if there are 30 children in the class.

You must tell us if you need an interpreter. This service is free of charge.

### Appeal decisions

An independent panel will make the decision. They are not connected to the school or local authority in any way.

After the appeal has been heard, the clerk will tell you how and when you can receive the decision.

A letter will also be posted to you.

**SCHOOL ADMISSION APPEAL FORM**

If your child has an Education, Health and Care Plan you must contact the Special Educational Needs Team before filling in this form.

**Please use block letters and write in black ink or ballpoint pen.**

School you are appealing for:

.....

Name of child who is the subject of the appeal:

.....

Gender: Male  Female  Date of birth: .....

School child currently attends: .....

If your child has been offered a place at an alternative school, please tell us below:

.....

Contact details of person appealing on behalf of the child:

Full name:.....

Relationship to child: .....

Address:.....

.....Postcode.....

Home phone number:.....

Work phone number:.....

Mobile phone number:.....

Please note - If your telephone will not accept anonymous calls we will not be able to contact you by telephone regarding this appeal.

Email address:.....

Child's address if different:

.....

.....Postcode.....

If you are moving house, please give details of your new address below.

.....  
..... Postcode .....

Status of move: Tenancy agreement signed  Exchanged contracts

Moving in with partner or relatives  Forces posting  Other

(Please provide evidence for any of the above e.g. a copy of the exchange of contracts. This should be a photocopy)

Details of the move, including dates:.....

Other children living in the same household under 19 years of age:

<u>Name</u>	<u>Date of birth</u>	<u>Current schools</u>	<u>Have you appealed before</u>
.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

You are legally entitled to ten school days notice of the date of your appeal. Sometimes we can hear an appeal more promptly if you agree to give up or "waive" this right.

Do you waive your right to 10 school days notice? Yes  No

Have you received a letter refusing your child a place at this school?  
If yes, please attach a copy. Yes  No

Or was this a verbal refusal? Yes  No

Will you be attending the appeal? Yes  No

Name and address of person accompanying you:

.....  
.....

Their relationship to the child:.....

If not attending, will anyone represent you at the appeal? Yes  No

Name, address and organisation (if applicable) of the person representing you:

.....

Do you require an interpreter; there will be no charge for this service? Yes  No

If yes which language? Please state dialect if relevant .....

Do you require the services of a signer, there will be no charge for this service? Yes  No

Please state if you have any mobility issues so that suitable arrangements can be made.

.....

**Reason for appeal**

Please give the reasons why you want a place for your child at the school. Please attach securely, copies of any supporting documents e.g. medical certificates.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Please continue on a separate sheet if necessary and securely attach to this form. Any supporting information should be photocopies of the original where possible.

Please give contact details of any other person who has parental responsibility for the child. Please give full name, address, telephone number and relationship to the child:

.....  
.....  
.....

Do you provide consent for us to contact this person? Yes  No   
Please note if you state no we may contact you for further details.

**Declaration, please tick:**

I declare that I am the parent of or have parental responsibility for the child who is the subject of this appeal.

Signed: .....

Date: .....

Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this school appeal. The information will be shared with schools, the School Admissions Team and the Legal Services Team for the purposes of arranging your appeal only. The County Council will meet its requirements under the Data Protection Act in processing your data.