

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>
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.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
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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.

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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:

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.....

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.