APPEAL AGAINST ADMISSION DECISION

Please complete in **BLOCK LETTERS AND BLACK INK or TYPE**

I/We wish to appeal against the decision of the Governors of (name of school) not to offer my child a place at the school.

1	Full name of your child								
2	Date of birth:	Date			Month			Year	
3	Title (please tick)	Mr		Mrs		Ms		Other	
	Full name of parent(s) or guardian(s):								
4	Relationship to child	Parent		Guardian		Other Please state			
5	Home address:								
		Postcode							
6	Home telephone number:								
7	Mobile telephone number:								
8	E mail address:								
9	Name of school offered/allocated:								
10	Does your child have a disability?	Yes		No		Tick appropriate box)			
11	I wish to attend my appeal in person	Yes		No					
	If no, do you wish the appeal to be heard using the information on this appeal form and accompanied papers?	Yes		No					
12	Name and capacity of other persons who will accompany you to the hearing.								
13	Please tell us if you have a disability and need assistance or have any other concerns regarding access.								
14	**If you need an interpreter, please bring a friend/relation as we find that people you know make better translators.**	Bringing friend/relative	Yes/No/ Not applicable						
15	Does your child currently have a statement of Special Educational Needs?	Yes		No					
16	Are there any days of the week when you would not be able to attend a hearing?								
17	Are you happy to receive less than 14 days notice of your hearing.	Yes		No					

Office use only	Date Received		Ack sent E/P	

18	My reasons for appealing are: *The Appeals Code states that you MUST give your reasons when lodging your appeal. Please ensure to include why you believe that your child's needs can only be met by attending this school.*
	If necessary, please continue on a separate sheet and attach any supporting documents/evidence.

RETURN THIS FORM TO
EMAIL: clerk@educationappeals.com
Or POST: Clerk to the Independent Appeal Panel (Ref MS)
PO Box 367, Cuffley, Herts, EN6 4XZ

Declaration and Signature of Parent/Carer

- Having been refused a place at the school name overleaf, I wish to exercise my right of appeal under the School Standards & Framework Act 1998.
- I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.
- I agree for my data to be stored electronically and to be contacted by post, e mail and telephone
- **I/we enclose two household bills with proof of address dated within the last three months. e.g. Council Tax, bank statement, rent book, telephone bill, water bill.**

Signed:		Date:	