

EDUCATION ADMISSIONS APPEAL

NOTICE OF APPEAL FORM



I am appealing for a place at:
and would like my child to start: (date)

Child's full name:

Male or Female (delete as appropriate):
Child's date of birth:

My name:

My relationship to the child (*parent, guardian, relative*):

Current address (*including post code*):

Tick here if this
applies to you

I am in the process of buying/renting a new property. I attach a copy of a letter from my solicitor/copy of my tenancy agreement confirming my new address and the date on which I expect to move in.

Contact Details
Telephone (home):
Telephone (work):
Telephone (mobile):
Email:

If you supply an email address we will acknowledge your application by email

My child currently attends (*name of school or nursery*)

My child is currently in year group:

The Admission Authority has offered my child a place at: *(name of school)*

To begin in year group:

Please list the schools you have applied for:

- 1.
- 2.
- 3.

Please list any school aged siblings and the schools they attend:

- 1.
- 2.
- 3.
- 4.

Please tick **one** of the following

I will attend the appeal hearing

I will not be able to attend the appeal hearing but someone else will attend on my behalf:

I will not be able to attend the appeal hearing and understand that the panel will base its decision on my written reasons and evidence.

Please tick below

I am happy to waive my rights

I am not happy to waive my rights

Please state your reasons for appeal: You ***must*** complete this section:

Please note:

- If your appeal is for an Infant Class Size refusal, you must state on which grounds you are appealing:
 - A. The admission of additional children would not breach the Infant Class Size, or
 - B. The admission arrangements did not comply with admissions law or were not correctly and impartially applied and the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied; or
 - C. The decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.
- In all cases, give full reasons for your appeal and continue on a separate sheet if necessary.
- Attach any additional paperwork securely.
- Refer to **A Guide to Education Appeals** which can be found at:
<https://www.suffolk.gov.uk/children-families-and-learning/schools/aoolvino-for-a-school-place/education-admission-appeals-and-permanent-exclusion-reviews/>

Please tick below if this applies.

I will need a signer, or an interpreter who speaks the following language at the appeal hearing.
Please note, you have to be attending the appeal hearing for this service.

If you have a disability and need adjustments made at the venue, please note them below:

Tick below:

Please list any additional information either included or to be sent at a later date:

Attached

To be sent later

1.

2.

3.

Declaration:

All information given is correct to the best of my knowledge and I am the person with parental responsibility for the child named on this form.

Signed.....

Date.....

Please return your completed form to:

Children's Endeavour Trust

C/O Broke Hall Community Primary School

Chatsworth Drive,

Ipswich

SUFFOLK

IP4 5XD

We cannot be held responsible for forms that are lost in the post, sent or delivered to other locations.