Appeal against an admission decision

Please state which Year Group you are appealing for:

Important: If you are completing by hand, please print clearly using black ink

Name of school appealing for:	
Requested date of admission:	
Letter refusing a place dated:	

Student's details

Student's surname		date of birth	day	month	year
Student's first name(s)			male / female*		
If your child is known by any other name or a preferred name, please state it here:					
Student's home address	postcode				
Present school					

Parent/Carer's Details

Title	First name(s)	Surname

Your relationship to the child	
Home address (if different from child's - we'll use this address to write to you if different to child's address)	*Don't forget your postcode*
If you move house at any time during the appeal process, it is your responsibility to notify the Clerk and the Local Authority of your new address.	

The DfE provides information about admission appeals which can be found here: https://www.gov.uk/government/publications/admission-appeals-for-school-places/advice-for-parents-and-guardians-on-school-admission-appeals

home ☎	work ☎	mobile ☎
email address		

School currently attending / last school attended: Date child left (if applicable):		
Please state the name of the school where your child has been offered a place:		
	Yes ✓	**No ✓**
Is the child 'looked after' by a local authority (in public care) or has previously been 'looked after' but ceased to be so because they were adopted (or became subject to a residence or special guardianship order) or has been in state care outside of England and ceased to be in state care as a result of being adopted? If yes, please state which local authority and provide a contact number:		
Does your child have an Educational Health Care Plan?		
Is, or has your child ever been permanently excluded from school? If yes, please give details of school(s) and date(s) excluded.		
Does your child have any siblings already attending the school you are appealing for? Please give their names.		

The appeal hearing will be conducted via Zoom. Do you intend to attend the appeal hearing? Yes/ No*

You are entitled to receive ten school days' notice in writing of the date of your appeal hearing, if your appeal can be heard sooner, are you willing to waive your right to those ten school days' notice? Yes/No*

Will you be accompanied by a friend, supporter or professional representative? Yes/No*

(**Delete as appropriate*)

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If you will be accompanied by a friend, supporter or professional representative, please state their name and in what capacity they are supporting you and if appropriate, what their professional status is.

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If you require assistance to participate, please notify the school when submitting this form.

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Reasons for Appeal

Please clearly state the reasons for your appeal. If you require additional space, you may continue on a separate sheet. If you wish to submit supporting information or evidence in addition to this appeal form, please send it directly to the school for which you are appealing.

Where supporting evidence, including faith evidence, is submitted separately from the appeal form, please ensure that all documents are clearly marked with:

- Your child's full name; and
- The name of the school against whose admission decision you are appealing.

This will help ensure that all documentation is correctly identified and considered as part of your appeal.

Signature ..... Date .....

This form should be fully completed and returned to the school you are appealing for, marked for the attention of The Chair of Governors.

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