

School Admission Appeal Form

Section 1: Your Appeal

For which Year Group has your child been refused a place?	
On what date did you apply for a school place? (the date on your original application form)	
What is the date on the refusal decision letter issued to you by the Admissions Authority?	

For School Office use Only:	Insert the date on which the admission application to which this appeal relates was received at the School Office	
	Insert the date on which this Appeal Form was received at the School Office	

Section 2: Your Child's details (the child who is the subject of this appeal)

Legal Surname	First Name	Middle name(s)

Date of Birth: Day/Month/Year	
--------------------------------------	--

Registered Nationality	
-------------------------------	--

Is your child <u>currently</u> on the roll of a UK school?	Yes	No
If 'Yes' please provide the name of the school		
When did he/she last attend school?	Month/Year:	

Is your child <u>currently</u> A 'Looked After Child'. A child in the care of a Local Authority?	Yes	No
---	------------	-----------

Does your child have a Statement of Special Educational Needs issued by a Local Authority?	Yes	No
---	------------	-----------

Does your child have any siblings <u>currently</u> attending this school? A sibling definition applies which is set out in the published Admission Arrangements	Yes	No
If 'Yes' you may choose to provide sibling details as part of your response in Section 3		

Please enter the address at which your child lives for the <u>majority</u> of his/her time			
How long has he/she lived at this address?	Years:	Months:	Weeks:

Are there currently any shared residency arrangements?	Yes	No
---	------------	-----------

Section 3: Your details (the person submitting this appeal)

Surname	Forename	Mr/Mrs/Miss/Ms/other

Your relationship to this child	Parent	Carer	Other

Do you live at the same address as the child you are appealing on behalf of	Yes	No
--	------------	-----------

If 'No' then please provide your full address for communication purposes		

Land line telephone number	Mobile	Email address

Section 4: Your appeal against the decision to refuse admission

Is your intention to be present in person at your appeal hearing? A hearing will be scheduled to take place within <u>30 school days</u> of receipt of this appeal form.	Yes	No
If you intend that another person represents you or accompanies you to the hearing, please provide their name(s) and status		
Name	Status	

Please explain why you are appealing against the decision to refuse your child a place at the school. You, or your representative(s) will have the opportunity to present your case at the appeal hearing and to expand on the information you set out below. Please note that: The opportunity to explain your case may be more limited where the reason for refusing admission is because the Infant class Size limit would be breached

Continue with your statement:

--

Section 5: Declaration and Signature

In signing this declaration, you confirm that

The information that I provided on this appeal form is honest not intended to mislead in any way
--

The information provided on this Appeal Form may be shared by the Admission Authority for the purpose of responding to any points I have set out and for the preparation of my appeal hearing, subject to the Data Protection Act 1988.

(a) I am entitled to make this appeal as I am the legal Parent/Carer of the child concerned

(b) I have the appropriate consent from the legally responsible party to make this appeal on their behalf

Signature of Appellant:

Date :

Important information relating to the completion of the Appeal Form

School Admission Appeals are subject to the requirements of the School Admission Appeals Code, issued by the Department for Education. A copy can be viewed or downloaded at www.education.gov.uk

The Diocese of Bath and Wells Multi Academy Trust is the Admissions Authority with overall responsibility for admission appeals in connection with the school. The administration of admission appeals is managed directly by the Headteacher and governors on behalf of the Multi Academy Trust (MAT).

Arrangements for admission appeals in connection with this school are set out in the MAT's published Admission Arrangements which can be downloaded from the school website or a hard copy made available from the School Office

The MAT Appeal Form has been designed to gather only the information necessary to ensure that an appeal hearing can be efficiently and effectively scheduled within the statutory 30 or 40 school day timeframe of receipt of the completed Appeal Form.

Parents/carers or their appointed representative may use the Appeal Form to set out the reasons for appealing against a decision to refuse admission. This completed Appeal Form will inform the case to be set before an independent Appeal Panel at the appeal hearing.

You may hand-deliver your completed Appeal Form to the main School Office, or send it to the school by post or email attachment. Delivery is your responsibility and so you are advised to send by Special Delivery or recorded post. Should you choose to submit your appeal as an email attachment, please be aware that you are effectively acknowledging your full acceptance of the terms set out in 'Section 5 - Declaration and Signature' of the Appeal Form, just as if though you had signed the form in person. Please remember to insert a date.

Please note that: The Government requires that Infant classes have no more than 30 pupils to each qualified teacher. If your child has been refused because the admission of a further child would breach this statutory Infant Class Size limit, you should bear in mind that the powers of an Appeal Panel to uphold an appeal in these circumstances are very limited. You are strongly advised to refer to Section 4 of the School Admissions Code and research Infant class Size appeal procedure. You should assess your circumstances and take this into consideration before continuing with your appeal.

Address:

Email

Further help with the understanding or completion of this form can be provided via the School Office

Please read the following information carefully before completing the Appeal Form:

- Complete this Appeal Form in full and ensure that you date and sign the declaration before submitting to the School Office
- A separate Appeal Form must be submitted for each child

- Your appeal hearing will be scheduled to take place within 30 school days of receipt of your completed Appeal Form. Your appeal will not affect any school place your child currently holds or that has been offered for this child.
- Your appeal will be administered and clerked independently of the Admission Authority. The Clerk, or an appointed administrator will contact you regarding a proposed date and time for your appeal hearing as soon as possible after receipt of your completed appeal form. Please ensure that your contact details are entered correctly for this purpose.
- You will then be contacted again approximately 10 school days before your hearing and provided with a copy of the Admission Authority statement setting out the governors reasons why a place cannot be made available at the school, in the Year group concerned, for your child.
- You will have a few more days during which to provide any additional information to the Clerk or appointed Appeal Administrator, once you have read the Admission Authority statement. Please be aware that all information relevant to your appeal hearing must be made available before the hearing takes place. No new or additional information may be presented at the hearing, unless the Chair of the Appeal Panel sanctions this.



Issue1: 2013