



APPEAL AGAINST NON-ADMISSION



Please complete this form in **BLACK** ink & return to the school office:

IMPORTANT - If your child has a Statement of Special Educational Needs or an Educational Health and Care Plan (EHC) and you wish to appeal against the decision not to offer them a place at your preferred school, it is not appropriate for you to complete this form. Your appeal will be heard by a Special Educational Needs Tribunal and you should contact your child's named officer in the Special Educational Needs Services Group at the Local Authority, who will explain the procedure to you.

a) School you would prefer your child to attend:

Year Group of Appeal:

b) Name of child who is the subject of the appeal:

c) Gender:

Male

Female

d) Date of birth:

e) School child presenting attends:

f) If your child has been offered a place at an alternative school, please state below:

g) Name of parent(s) or person legally responsible for the child:

h) Current address of parent(s) or person legally responsible for the child:

Postcode:

- i) **If you are moving house, please give details of new address and proposed date of move below.** If you are likely to change address between the date you send in your notice of appeal and the date you wish your child to start at the school, the Panel will only consider your proposed address if you have entered into a definite legal commitment to move, for example, exchanged contracts on a house purchase or signed a lease tenancy agreement. If no such legal commitment has been made on your part, then the Panel will only take account of your present address when considering your appeal. In that case it may be in your best interests to ask for the appeal hearing to be deferred until you enter into the appropriate legal commitment. That, however, is a matter for you to decide.

Postcode:

Proposed moving date (if known):

Tel No (if known):

- j) Other children in the family:

<u>Name</u>	<u>Date of Birth</u>	<u>Present school</u>

(please tick ✓)

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| k) Have you received a letter confirming you have been refused a place for your child at your preferred school?
<i>(if yes, please attach a copy of the letter)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Do you wish to attend the hearing?
Wherever possible, it would be helpful if you or a representative could attend the appeal. | <input type="checkbox"/> | <input type="checkbox"/> |
| m) If attending the hearing, will you bring a friend or representative. | <input type="checkbox"/> | <input type="checkbox"/> |

n) Name and address of your representative:

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o) Representative's relationship to child (e.g. parent, teacher, family, friend, private tutor):

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p) If you are bringing a representative to the appeal, will they require a separate copy of the appeal documentation?

YES

NO

q) Please indicate below the dates when you are **not** able to attend (e.g. annual holidays)

r) You are legally entitled to 14 days' notice of the date your appeal is to be heard. Do you agree, if necessary, to less than 14 days' notice for the date your appeal is to be heard?

YES

NO

s) **The reasons for my/our appeal are:** *(continue on a separate sheet if necessary)*

Please attach any additional documents, information and evidence you wish to submit to the panel to support your case.

PTO



I declare that the information contain in this Notice of Appeal is correct, to the best of my knowledge, at the date of writing.

Name	Signed	Date	Relationship to Child
Contact Number	Contact Number	(It would be helpful if you could indicate the best time for us to contact you by telephone and whether it is appropriate to contact you on your work number.)	

PLEASE RETURN THIS NOTICE OF APPEAL FORM TO:

Chloe Frearson
Chellaston Infant School
School Lane
Chellaston
Derby
DE73 6TA

OFFICE USE ONLY:

Date Received:

AO: