

Date Received		Form Checked / input		E	E&E	G	MV	R&B	R
Settled/Withdrawn		Attachments		S	SH	T	Wa	Wo	OoC

NOTICE OF APPEAL – INFANT CLASS SIZE APPEAL
SCHOOL STANDARDS & FRAMEWORK ACT 1998

Please read the accompanying Guidance Notes before completing.
Please complete in **BLOCK LETTERS AND BLACK INK.**

I wish to appeal against the decision of the Admission Authority not to offer my child a place at the school named below

- 1 You are appealing for a place at:
- 2 When do you hope your child would start:
- 3 What school has your child been offered:
- 4 What school does your child currently attend:

Your child's details:**Gender:**

- | | | | | | | |
|--|------|--|--------|--|-------|--|
| | Male | | Female | | Other | |
|--|------|--|--------|--|-------|--|
- 5 What is your child's first name:
 - What is your child's last name:
 - What is your child's date of birth:

Date			Month			Year	
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- 6 Does your child currently have a full current Education, Health and Care Plan (EHCP)?

Please tick appropriate box:

Yes		No		See Guidance Notes
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Your details

- 7 Title (please tick)

Mr		Mrs		Ms		Other	
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- First name
- Last name
- What is your address:** Address line 1:
- Address line 2:
- Town:
- County:
- Daytime telephone number
- Alternative telephone number
- Email address
- What is your relationship to the child

Parent		Guardian		Other Please state	
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Second parent or guardian. What are the second parent or guardian's contact details?

8	Title (please tick)	Mr		Mrs		Ms		Other	
	First name								
	Last name								
	Address (if different)								
	Postcode								
	Second parent or guardian daytime telephone number?								
Email address									
Relationship to your child?	Parent		Guardian		Other Please state				

Representative: Do you want to provide details for a representative? No Yes

9	Title (please tick)	Mr		Mrs		Ms		Other	
	First name								
	Last name:								
	Address:								
	Postcode								
	Preferred telephone number								
Email address									
Describe the relationship to your child									

10 **Witness:** What is the name of your witness (Optional)

Appeal hearing attendance: You are strongly recommended to attend the appeal hearing in person to present your case. You may be accompanied by a friend or be represented.

11	Who will attend the appeal hearing? (please tick relevant boxes)	You		2 nd Parent or guardian	
		Not attending		Representative	

Hearing Accessibility or Assistance Requirements:

12 Do you or anyone attending the hearing need an interpreter or signer? We cannot guarantee that any special requests can be met but we will do our best to help.

No	<input type="checkbox"/>	I want the Schools Appeals Service to arrange an interpreter or signer (if you tick yes please let us know the language below):	Yes	<input type="checkbox"/>
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Language:

Do you or anyone attending the hearing have any other accessibility or assistance needs? We cannot guarantee that any special requests can be met but we will do our best to help.

Other information about this appeal (optional). Tell us any other relevant information or reasons why you feel your child should be given a place at the school

Under statutory guidance you must be given at least 10 school days' notice of your appeal date. Occasionally it may not be possible to give this statutory notice and the Schools Appeals Service may need to offer you an appeal hearing date which is less than the statutory period.

Would it be OK for the Schools Appeals Service to contact you and offer an appeal date which has a shorter notice period? Answering 'Yes' does not commit you to accepting a shorter notice period, but indicates that it would be OK to contact you about this

YES

NO

Surrey County Council (the 'Council') respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information available to the Council ('your information'). In accordance with the Data Protection Act 1998, the Council will use your information, for the purpose of processing your school admission appeal(s), to (a) deal with your requests and administer its departmental functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) within the Council (including other admission authorities, central government departments, law enforcement agencies, statutory and judicial bodies and independent appeal panels). The Council may also use and disclose information that does not identify individuals for research and strategic development purposes. The School Appeals Service and Local or Admission Authority reserve the right to verify the information contained in this form.

RETURN THIS FORM TO
Surrey School Appeals Service
1st Floor, Fairmount House,
Bull Hill, Leatherhead,
Surrey KT22 7AH

Declaration and Signature of Parent/Carer

- I wish to exercise my right of appeal under the School Standards & Framework Act 1998 for a place at the school named in section 2, as I have been refused a place at this school.
- 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 and I do not send a representative my appeal will be heard in my absence using the information I have supplied on this form along with any other information I have sent to the School Appeals Service before my hearing date.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this appeal invalid and/or further appropriate action being taken.
- I have read and understood the accompanying Guidance Notes.
- I understand that any evidence submitted after the stated deadline may not be considered at my appeal hearing.

Signed:

Date: