

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Settled Withdrawn		Attachments		S	SH	T	Wa	Wo	OoC

NOTICE OF APPEAL

SCHOOL STANDARDS & FRAMEWORK ACT 1998

Please read the accompanying Notes for Guidance before completing.

Please complete in **BLOCK LETTERS AND BLACK INK.**

Child

1 First name of child

Family name of child

Date of birth

Date			Month			Year	
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Gender

I wish to appeal against the decision of the Admission Authority not to offer my child a place at the school named in 2 below

2 Name of preferred school

3 Date for which admission is sought

4 Name of school offered

5 Child's present school

Appellant

6 Title (please tick)

Mr		Mrs		Ms		Other	
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First name of parent or guardian

Family name of parent or guardian

7 Relationship to child

Parent		Guardian		Other Please state	
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8 Home address

Postcode	
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Preferred contact number 1

Preferred contact number 2

E mail address

9 I wish to attend my appeal in person

Yes		No		(Tick appropriate box)
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10 I will be represented at my appeal

Yes		No		(Tick appropriate box)
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Additional Parent (if applicable)

11 Title (please tick)

Mr		Mrs		Ms		Other	
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First name of parent or guardian

Family name of parent or guardian

Relationship to child

Parent		Guardian		Other Please state	
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Home address (if different)

Postcode

Preferred contact number

E mail address

Attending Hearing

Yes		No	
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 (Tick appropriate box)

12 If you are being represented or want to call witness(es), please give the following details. Please attach a separate sheet with details if you need more space.

Title (please tick)

Mr		Mrs		Ms		Other	
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First name of representative

Family name of representative

Relationship to child

Address of representative

Postcode

Preferred contact number

Name of your witness:

13 If you have a disability and need assistance, or have any other concerns regarding access and/or need a signer or interpreter please give details below including language.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

14 Do you need the School Appeals Service to arrange the interpreter or signer for you?
Please tick appropriate box

Yes		No	
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15 Does your child currently have a statement of Special Educational Needs or Education, Health and Care Plan?
Please tick appropriate box

Yes		No	
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