School Admission Appeal



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|  | I/We wish to appeal against the decision of the Governors of **Skinners’ Academy**not to offer my/our child a place at the school. | **OFFICE USE ONLY** |

**Please type of use BLOCK capitals**

|  |  |  |
| --- | --- | --- |
| 1 | Full name of your child |  |
|  |  |  |
| 2 | Date of birth | Date |  |  | Month |  |  | Year |  |
|  |  |  |
| 3 | Title (please tick) | Mr |  | Mrs |  | Ms |  | Other |  |
|  | Full name of parent(s) or guardian(s): |  |
|  |  |  |
| 4 | Relationship to child | Parent |  | Guardian |  | Other Please state |  |
|  |
| 5 | Home address |  |
|  |  |  |
|  |  | Postcode |  |
|  |  |  |
| 6 | Home telephone number |  |
|  |  |  |
| 7 | Mobile telephone number |  |
|  |  |  |
| 8 | E mail address |  |
|  |  |  |
| 9 | List schools applied for and | 1 |  | 4 |  |
|  | order of preference | 2 |  | 5 |  |
|  |  | 3 |  | 6 |  |
|  |  |  |
| 10 | Allocated school (state current if in year appeal) |  | Current/allocated *please delete* |
|  |
| 11 | Does your child have a disability? | Yes |  | No |  | *Tick appropriate box* |
|  |  |
| 12 | I wish to attend my appeal in person | Yes |  | No |  |  |
| 13 | Name and capacity of other persons who will accompany you to the hearing. |  |
| 14 | Please tell us if you have a disability and need assistance or have any other concerns regarding access |  |
| 15 | If you need an interpreter, please bring a friend/relation as we find that people you know make better translators | Bringing friend/relative |  | I cannot bring a friend relative and require a translator. | *Please state language* |
| 16 | Does your child currently have an Education Health Care Plan (Statement) ? | Yes |  | No |  |
| 17 | Are there any days of the week when you would not be able to attend a hearing? |  |
| 18 | Are you happy to receive less than 10 school days’ notice of your hearing. | Yes |  | No |  |
|  |
| Office use only | Date Received |  | Ack sent E/P |  |

|  |  |
| --- | --- |
| 19 | **My reasons for appealing are:***The Appeals Code states that you MUST give your reasons when lodging your appeal. Please ensure to include why you believe that your child’s needs can only be met by attending this school. If you do not give your grounds, this form will not be accepted.**Please include any acute social or medical reasons that you feel are relevant to your case for gaining a place at Skinners’ Academy. If you have such reasons, these should be supported by a written statement from an appropriately qualified professional (eg Doctor/Consultant/Social Worker) with professional responsibility for the pupil or treatment of the pupil’s condition. The statement must confirm that the condition or need is acute and long-term and how admission to the Skinners’ Academy will be beneficial compared with any other school.*  |
|  |  |
|  | If necessary, please continue on a separate sheet and attach any supporting documents/evidence.  |

# RETURN THIS FORM TO

**EMAIL:** clerk@educationappeals.com

**Or POST: Clerk to the Independent Appeal Panel**

**PO Box 367, Cuffley, Herts, EN6 4XZ**

**Declaration and Signature of Parent/Carer**

* Having been refused a place at the school name overleaf, I wish to exercise my right of appeal under the School Standards & Framework Act 1998. 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, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.
* I agree for my data to be stored electronically and to be contacted by post, e mail and telephone. I agree to copies of paperwork submitted to be sent to panel members and the school you are appealing for a place.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed |  |  |  | Date |  |