

Colehill First School

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 you inserted 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)

Last Name	First Name	Middle name (optional)

Date of Birth: Day/Month/Year	
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Registered Nationality	
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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
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Does your child have an Education Health and Care Plan issued by a Local Authority?	Yes	No
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Does your child have a sibling <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 explain the sibling connection as part of your statement in Section 4		

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

Last Name	First name	Title

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	

<p>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. <u>Please note:</u> If your child has been refused admission because the statutory Infant Class Size limit would be unlawfully breached, the grounds on which an appeal panel may uphold an appeal are limited. You are advised to research section 4 of the 2012 School Admission Appeals Code when preparing your case for appeal.</p>

Continue with your statement:

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Section 5: Declaration and Signature

In signing this declaration, you confirm that:

The information that I have provided on this appeal form is honest and 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 for 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 Appeal Process

Please read this information carefully before completing an 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 Admissions Authority for the school is responsible for arranging appeal hearings that arise in connection with decisions to refuse admission to the school.

Arrangements for admission appeals are set out in the published Admission Arrangements which can be downloaded from the school website (or a hard copy made available from the School Office) and in accordance with the Appeals Timetable published on the school website.

This Appeal Form has been designed to gather the information necessary to ensure that your circumstances are clearly understood and that an appeal hearing can be efficiently and effectively scheduled within the statutory timeframe.

A parent or appointed representative must use this Appeal Form to set out the reasons for the appeal against a decision to refuse admission. The completed Appeal Form will then be set before an independent appeal panel at the appeal hearing. You are encouraged to attend this hearing and to present your case in person.

The completed Appeal Form may be hand-delivered to the main School Office, or can be sent to the school by post or email attachment. Safe delivery and the security of the information provided on the appeal form during transit, is the responsibility of the appellant. It is advisable to post by a special delivery service or to obtain a receipt if hand delivered.

Address: Colehill First School
Pilford Heath Road
Wimborne
Dorset
BH21 2LZ

Email: school@colehillfirstschool.net

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

If you decide to appeal, this will not affect any school place your child currently holds or that has been provisionally or otherwise offered for your child.

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