

# YEARS 3 TO 11 APPEAL FORM

**Please read the attached guidance notes before completing this form in BLOCK CAPITALS.** This form must be completed by the child’s parent or guardian and received in the Committee Section by: «RespDate». Your appeal will be heard within 30 school days of receipt.

1. I wish to appeal for a place at:  School.

**NB: Please complete a separate form for each school you are appealing for.**

Your appeal **must** be for a place listed in page 4, Appendix 1 of the Guidance Notes. If your Appeal is for a place at any other school, then your Appeal **must** be submitted directly to that School.

**School places in Ealing are very limited and places are allocated according to admissions criteria. We strongly recommend if you have been offered a place at an alternative school, that you accept the place whilst you await the outcome of your appeal. In Ealing and across London it is not exceptional for siblings to attend different schools.**

2. My child has been offered a place at:  School.

**3. Childs Details:**

Surname:		Forename:	
Date of birth:		Gender: Male / Female (please delete as appropriate)	
Address:			
			Post code:

**4. Parent or Guardians Details:** Title: Mr / Mrs / Ms / Ms (please delete as appropriate)

Surname:		Forename:	
Address: (if different from child):			
			Post code:
Tel no:		Email:	

**5. At the Appeal (Please tick boxes as appropriate):**

**Personal Appeal** – I will be attending the Appeal Panel to put my case personally.  
 Please write down any dates or times on which you are **not** available:

**If you ask for a Personal Appeal but are late or fail to attend the meeting without 7 days prior notification, the Appeal will be heard in your absence.**

**A representative** will attend the appeal with me / on my behalf (please delete as appropriate)  
 Their name and address is:

**Written Appeal** - I will **NOT** be attending the Appeal Panel. I understand that my appeal will be decided on the basis of written statements.

I will need an interpreter and **will bring a friend with me to interpret** for me at the appeal (If there are special reasons why you cannot bring an interpreter, please contact us).

## 6. Written statement in support of my appeal

An appeal is against the decision of a school not to offer your child a school place.

Schools have a set number of places to fill. This is called the published admission number (PAN). The school for which you are appealing has declared that they have reached their PAN and are unable to admit an extra child to the year group.

The Independent Appeal Panel will follow a two stage process when reaching a decision

**Stage 1: Examining the Decision to Refuse Admission**, at which the panel considers whether the school's published admission arrangements:

- i. comply with the mandatory requirements of the School Admissions Code and Part 3 of the School Standards Framework Act 1998 and
- ii. were correctly and impartially applied
- iii. The panel must then decide whether the admission of additional children would prejudice the provision of efficient education or the efficient use of resources.

**Stage 2: balancing the arguments**, at which the panel exercises its discretion to balance the arguments and consider whether your reasons why your child should go to the school outweigh the prejudice that would be caused to the school if they had to take an extra child, before arriving at a decision.

**\*\*\*\*\*YOU MUST COMPLETE AT LEAST ONE PART OF SECTION 6\*\*\*\*\***

Please use the space below to set out the details of your appeal.

**Are the reasons for your appeals because you:**

- i. consider the admission arrangements do not comply with the mandatory requirements of the School Admissions code and Part 3 of the School Standards and Framework Act 1998

**YES/NO**

If YES, please state your reasons for this:

- ii. consider that the admission arrangements were not correctly or impartially applied

**YES/NO**

If YES, please state your reasons for this:

**(Please continue on page 3 if necessary)**

Please state the other reasons for appealing for this particular school.

**Your written statement continued**

**(Please attach additional pages or information if necessary)**

NB: Any additional information or evidence that is not sent with the appeal form must be submitted by 9am, 5 working days prior to your appeal. Any evidence not submitted by the deadline might not be considered at the appeal.

## 7. Declaration and Signature of parent or guardian:

- Having been refused a place at the school name overleaf in Section 1, I wish to exercise my right of appeal under the School Standards & Framework Act 1998 ('the Act').
- I certify that I am the person with parental responsibility for the child named in section 3 and the information given is true to the best of my knowledge and belief.
- I give consent for the information I have supplied on this form together with any other information provided in future in support of my appeal to the Committees Section to be: -
  - further shared with the Appeal Panel, Clerk to the Appeal Panel, concerned School's/Local Authority's Admissions Authority, statutory authorities and other parties involved in organising or assisting the Appeal Panel.
  - kept securely together with notes and proceedings of appeal panel for a minimum of two years as per the requirement of School Admission Appeals Code.
  - processed, recorded, stored and dealt in a manner considered necessary and expedient to be in compliant with the Act.
- I understand that I have the right to withdraw my appeal or above consent at any time by contacting the Committees Section and such withdrawal shall not affect the lawfulness of processing done so far based on consent given earlier before its withdrawal.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using all the information provided relating to my appeal to the Committees Section before my hearing date.
- I am aware that I could be contacted by post, telephone or e-mail in relation to my appeal.

Signature of parent guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:  
School Admission Appeals  
Committee Section  
5th floor, North East (Blue) Perceval House  
14-16 Uxbridge Road  
Ealing W5 2HL

# Equalities Monitoring Form

Ref:

In order for us to assess whether the School Admission Appeals Service is meeting the needs of our diverse communities, please could the parent or guardian of the child that is appealing for a place complete this form.

**PLEASE NOTE;** filling in this form will not affect your appeal in any way.

Please mark your selections with an "X"

## Gender:

Female Male 

## Ethnic Background:

Please choose and then mark the appropriate box that you feel best describes your ethnic background.

ASIAN OR ASIAN BRITISH		
	AAFR	African Asian
	ABAN	Bangladeshi
	AIND	Indian
	APKN	Pakistani
	AOTH	AO Asian Background
	AOTH	Other Asian

OTHER ETHNIC GROUP		
	OAFG	Afghanistani
	OARA	Arab
	OIRN	Iranian
	OIRQ	Iraqi
	OLAM	Latin American
	OJPN	Japanese
	OOEG	Other Ethnic Group

BLACK OR BLACK BRITISH		
	BCRB	Caribbean
	BGHA	Ghanaian
	BNGN	Nigerian
	BAOF	Other Black African
	BOTH	Other Black
	BSOM	Somali

WHITE		
	WBRI	White British
	WEEU	White Eastern European
	WIRI	White Irish
	WWEU	White Western European
	WEUR	European
	WROM	White Gypsy/Roma
	WIRT	Traveller of Irish Hert:
	WOTW	White Other

MIXED		
	MWAS	White & Asian
	MWBA	White & Black African
	MWBC	White & Black Caribbean
	MOTH	Other Mixed Background

## Disability:

The Disability Discrimination Act 1995 defines a person as having a disability if s/he "has a long term physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities."

Do you consider yourself to have a disability?

Yes No