



SCHOOL ADMISSION APPEAL FORM

(PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK)

DO NOT USE THIS FORM FOR RECEPTION, YEAR 1 OR YEAR 2 (please complete Infant Appeal form)

Please provide the following information in full, stating "not applicable" where appropriate. The decision of the Appeal Panel will be based on the facts, information and supporting evidence provided at the time of the appeal. False information will invalidate your appeal.

Please tick as appropriate

I / We are appealing for a place (a) now ☐ (b) in September ☐ (c) other ☐ _____

School appealing for _____

Have you had an appeal heard in the last year? Yes ☐ No ☐

Is the child looked after or previously looked after by the Local Authority? Yes ☐ No ☐

Child's current school _____

Child's legal surname _____

Child's first name(s) _____

Date of birth _____ Year group _____

Parent(s)/Carer(s) names _____

Address _____

Postcode _____

Telephone numbers _____

Email _____

Details of other children in the family:

Name(s)	Date of Birth	School(s) attended

GROUNDING FOR APPEAL

DO NOT USE THIS FORM IF YOU ARE APPEALING FOR RECEPTION, YEAR 1 OR YEAR 2
(please complete Infant Appeal form)

Please set out clearly and fully all your reasons for your appeal and all the grounds upon which your appeal is based.

If you have evidence that you want to use to support your appeal it is your responsibility to obtain and attach it to this form (or send it to the School Appeals Officer at least seven days in advance of the hearing).

Please continue on a separate sheet if necessary.

I will need an interpreter or signer at the Appeal Hearing

Yes ☐ No ☐*

I will require special arrangements for the Appeal Hearing

Yes ☐ No ☐*

* Delete which does not apply and provide details below if necessary

General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 - We process your personal information in accordance with GDPR and Data Protection Act 2018. If you would like to know how we use your information, please see our Privacy Notice on the [add link](#).

In accordance with the DPA 2018 we are required to keep the information we hold about you up to date and accurate. By signing this form you are confirming the information is correct.

Signed _____ Date _____

Please return this form either as a Word document or PDF ONLY by email to: XXXXX or (any format) by post to XXXXXX