



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)

Legal Surname	First Name	Middle name(s)

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 a Statement of Special Educational Needs issued by a Local Authority?	Yes	No
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Does your child have any siblings <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 provide sibling details as part of your response in Section 3		

Please enter the address at which your child lives for the majority 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)

Surname	Forename	Mr/Mrs/Miss/Ms/other

Your relationship to this child	Parent	Carer	Other
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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	

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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. Please note: If your child has been refused admission on 'Infant Class Size' grounds, the requirements of the statutory Infant Class Size appeal procedure may restrict the information that an appeal panel can take into account when reaching a decision.

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 of 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 :
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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 school is a member of the Bath and Wells Multi Academy Trust (MAT) which constitutes the Admissions Authority and so is responsible for arranging appeal hearings that arise in connection with decisions to refuse admission to the school.

Arrangements for admission appeals in connection with this school 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

The MAT school governors Appeal Form has been designed to gather the information necessary to ensure that your circumstances are clear and that an appeal hearing can be efficiently and effectively scheduled within the statutory timeframe set out in the Appeals Timetable available on the school website (within 30 or 40 school days of receipt of the appeal form, depending on the circumstances of the original application).

A parent or appointed representative must use the Appeal Form to set out the reasons for the appeal against a decision to refuse admission. This completed Appeal Form will then form the basis of your case to be set before an independent appeal panel at the appeal hearing.

The completed Appeal Form may be hand-delivered to the school Reception Office, or 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.

Please note: The Law requires that Infant classes have no more than 30 pupils to one qualified teacher. If your child has been refused because the admission of a further child would breach this statutory Infant Class Size limit, you should bear in mind that the powers of an appeal panel to uphold an appeal in these circumstances are very limited. You are strongly advised to refer to Section 4 of the School Admission Appeals Code and research Infant class Size appeal procedure. You should assess your circumstances and take this into consideration before continuing with your appeal.

- 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.
- Your appeal will be administered and clerked independently of the Admission Authority. The appeal clerk will contact you regarding a proposed date and time for your appeal hearing as soon as possible after receipt of your completed appeal form. Please ensure that your contact details are entered correctly for this purpose.
- Approximately 10 calendar days before your scheduled hearing you will receive a written statement from the governors setting out the reasons why a place cannot be made available at the school for your child.
- Additional information may be provided to the Clerk or appointed Appeal Administrator, up to two calendar days before your appeal hearing. No new information may be presented at the hearing, unless the Chair of the Appeal Panel specifically permits this in exceptional circumstances.