



NOTICE OF SCHOOL ADMISSION APPEAL

Complete this form if you wish to appeal a decision not to allocate your child a place at Chellaston Infant or Junior School

IMPORTANT - If your child has a Statement of Special Educational Needs or an Educational Health and Care Plan (EHCP) and you wish to appeal against the decision not to offer them a place at your preferred school, it is **not** appropriate for you to complete this form. Your appeal will be heard by a Special Educational Needs Tribunal and you should contact your child's named officer in the Special Educational Needs Services Group at the Local Authority, who will explain the procedure to you.

Please use **block letters and write in black ink/pen** as this form will need to be photocopied. If you wish to type on the form, you will need to sign in black pen on the final page after printing out the form.

a) School you would prefer your child to attend:

b) Name of child who is the subject of the appeal:

c) Gender (M/F)

d) Date of Birth

e) School children currently attends

f) If your child has been offered a place at an alternative school, please state here

g) Name of parent(s) or person legally responsible for the child:

h) Current address of parent(s) or person legally responsible for the child:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Email	<input type="text"/>
Phone number:	<input type="text"/>



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- i) If you are moving house, please give details of new address and proposed date of move below. If you are likely to change address between the date you send in your notice of appeal and the date you wish your child to start at the school, the Panel will only consider your proposed address if you have entered into a definite legal commitment to move, for example, exchanged contracts on a house purchase or signed a lease tenancy agreement. If no such legal commitment has been made on your part, then the Panel will only take account of your present address when considering your appeal. In that case it may be in your best interests to ask for the appeal hearing to be deferred until you enter into the appropriate legal commitment. That, however, is a matter for you to decide.

Address (of new house)	
Postcode	
Proposed Moving Date (if known)	
Tel No. (if known)	

	Name	Date of Birth	Current School
j) Other children in the family:			

k) Have you received a letter confirming you have been refused a place for your child at your preferred school? (if yes, please attach a copy of the letter)

Yes	No

l) Do you wish to attend the hearing?
Wherever possible, it would be helpful if you or a representative could attend the appeal.

Yes	No

m) If attending the hearing, will you bring a friend or representative?

Yes	No

n) Name and address of your representative (if applicable)

o) Representative's relationship to child (e.g. parent, teacher, family, friend, private tutor):

p) If you are bringing a representative to the appeal, will they require a separate copy of the appeal documentation?

Yes	No



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q) Please indicate any dates when you are **not** able to attend (e.g. annual holidays)

r) You are legally entitled to 14 days' notice of the date your appeal is to be heard. Do you agree, if necessary, to less than 14 days' notice for the date your appeal is to be heard?

Yes	No

s) The reasons for my/our appeal are: (continue on a separate sheet if necessary)

Please attach any additional documents, information and evidence you wish to submit to the panel to support your case.

I declare that the information contain in this Notice of Appeal is correct, to the best of my knowledge, at the date of writing.

Name*	<u>Signed</u> *	Date	Relationship to child

*This must be the name of parent(s) or person legally responsible for the child (named on page 1 of this form)

+ ensure that the form is **signed by hand** before returning to the school

Contact Telephone Number <i>Preference 1 work/personal</i>	Contact Telephone Number <i>Preference 2 work/personal</i>	(It would be helpful if you could indicate the best time for us to contact you by telephone and whether it is appropriate to contact you on your work number.)

PLEASE RETURN YOUR COMPLETED NOTICE OF APPEAL FORM and OTHER RELEVANT DOCUMENTATION TO:

**Mrs Jo Davis, School Administrator,
Chellaston Junior School, Maple Drive, Chellaston, Derby, DE73 6PZ**

