

SCHOOL ADMISSION APPEAL FORM

You are advised to read the guidance notes before completing this form.
If you need further advice, please contact (0116) 305 7912

SECTION 1: PUPIL AND SCHOOL DETAILS	
PUPIL'S NAME	DATE OF BIRTH
PREFERRED SCHOOL	GENDER (Male/Female)
ALLOCATED SCHOOL (if known)	YEAR GROUP (please state year group to which the appeal relates)
PRESENT OR PREVIOUS SCHOOL (if applicable)	

SECTION 2: PARENT (OR CARER) DETAILS			
TITLE	INITIAL(S)	SURNAME	RELATIONSHIP TO PUPIL
TITLE	INITIAL(S)	SURNAME	RELATIONSHIP TO PUPIL
CURRENT ADDRESS: POST CODE			CONTACT DETAILS Tel: Home: Tel: Work: Mobile: Email

SECTION 3: EXPECTED CHANGE OF ADDRESS	
Complete this section only if you are due to or expecting to move home. If not, please go to SECTION 4 of the form	
NEW ADDRESS POSTCODE	EXPECTED MOVING DATE (if known) TEL. NUMBER (if known)

SECTION 4: DISABILITY DISCRIMINATION	
Do you believe that your child has a disability and that this has affected the decision not to admit your child to your preferred school? If you have answered 'yes' please insert details in Section 5.	YES/NO

SECTION 5: GROUNDS/REASONS FOR SUBMITTING THE APPEAL

You **MUST** give your reasons for appealing or your case cannot be processed

You should state your grounds for appeal in the space below and include the reasons for your preference. You may attach additional sheets to this form, together with copies of any documentation in support of your appeal. Please note that your grounds for appeal and any documents you wish to rely on should be submitted in advance of the day of the hearing. Any failure to do so, may result in a delay in the hearing or reaching a decision.

Empty space for providing grounds and reasons for appeal.

(Please continue on additional sheets, if necessary)

SECTION 6:

You are encouraged to attend the hearing of your appeal so that the Panel can discuss with you the particular circumstances of your appeal. If you decide to attend you may do so with a representative, supporter or friend. If you do not wish to attend your appeal will be decided on the basis of your written representations.

Please tick yes to either of the following questions.

I/We or representative wish to attend the appeal hearing

I/We do not wish to attend the appeal hearing and wish for my appeal to be heard on the basis of my written submissions.

Are you intending to bring a representative/friend to the hearing
Name and Contact Address Details for Representative/supporter/friend

.....
.....
.....
.....Post code.....

Additional information

You will generally be given 10 working days notice of the date of your hearing. Are you agreeable to shorter notice being given so that your appeal is heard sooner. Yes/No

Will you require an interpreter to be present at the hearing, if yes please state which language

If you have any additional needs which you think we need to be aware of please complete the box to the right.

SECTION 7: DECLARATION

I can confirm that my child has been refused a place at this school. I have checked that all those with parental responsibility are in agreement with the information presented on this form and the information given is true to the best of my knowledge and belief.

I certify that the information given may be circulated to members of the Appeals Panel.

I understand that, if I do not attend the hearing and I do not send a representative, my case will be heard in my absence using the information I have supplied on this form along with any other information I have submitted by my hearing date.

Tick the box below to agree to the above declaration

I agree

Important

Wherever possible, you should provide supporting evidence of your case, for example, a letter/report from a doctor or other professional people. The panel cannot contact your doctor or others; it is your responsibility to obtain any supporting evidence.

Please complete your name and date form completed in the boxes below

Your Signature:

Date:

Please return this form to:-

Leicestershire County Council
Clerk to the Independent Appeal Panel
Director of Law and Governance
County Hall, Glenfield,
Leicester LE3 8RA
Fax Number: 0116 3056161

LEICESTERSHIRE COUNTY COUNCIL

SCHOOL APPEAL PANEL

EQUALITY MONITORING

Leicestershire County Council is fully committed to providing high quality services fairly and without discrimination to all sections of the community. We would be very grateful if you could complete the equality monitoring form below. This will help us in our aim of continuing to improve the quality of our services for everyone.

The details you supply will be stored separately to the information provided in connection with your appeal submission and will not be seen by the Panel that considers your appeal. The information you provide will remain confidential.

My Ethnic Origin is: (tick <input type="checkbox"/> the box that describes your ethnic origin most closely)				
White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>
Other White <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	<i>please state:</i>
<i>please state:</i>	Other Mixed <input type="checkbox"/> <i>please state:</i>	Other Asian <input type="checkbox"/> <i>please state:</i>	<i>please state:</i>

Thank you for your assistance.

Director of Law and Governance
Leicestershire County Council