

SCHOOL ADMISSION APPEAL FORM

You are advised to read the guidance notes before completing this form.

If you need further advice, please contact (0116) 3057912

SECTION 1: PUPIL AND SCHOOL DETAILS	
PUPIL'S NAME	DATE OF BIRTH
PREFERRED SCHOOL	GENDER (Male/Female)
ALLOCATED SCHOOL (if applicable)	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 <u>only</u> if you are due to or <u>expecting</u> to move home. If not, please go to SECTION 4 of the form	
NEW ADDRESS POST CODE	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 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.

(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 or friend. If you do not wish to attend your appeal will be decided on the basis of your written representations.

I/We 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.

A representative/supporter will attend the hearing with me.

His/her address is:-

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

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

SECTION 7: DECLARATION

1. I/We certify that the information given on this form is correct.
2. I/We have checked that all those with parental responsibility are in agreement with the information presented on this form.
3. I/We certify that the information given may be circulated to members of the Appeals Panel.

Your Signature:

Date:

Please return this form to:-

Leicestershire County Council
Clerk to the Independent Appeal Panel
County Solicitor,
County Hall, Glenfield,
Leicester LE3 8RA
Fax Number: 0116 3056161