



The Active Learning Trust  
ACTIVE LEARNERS · ACTIVE LEADERS · ACTIVE CITIZENS

# EDUCATION ADMISSION APPEAL NOTICE OF APPEAL FORM

**I am appealing for a place at:**

**and would like my child to start:** *(date)*

**Child's full name:**

**Male or Female** *(delete as appropriate):*

**Child's date of birth:**

**My name**

**My relationship to the child is** *(parent, guardian, relative):*

**Current address** *(including Post Code):*

*I am in the process of buying/renting a new property. I attach a copy of a letter from my solicitor/copy of my tenancy agreement confirming my new address and the date on which I expect to move in.*

**Contact details:**

Telephone (home):

Telephone (work):

Mobile:

Email: *(please write clearly)*

*(if you supply an email address we will acknowledge your application by email)*

**My child currently attends** *(name of school or nursery)*

**My child is currently in year group:**

**The Admission Authority has offered my child a place at:** *(name of school)*

**To begin in year group:**

**Please list the schools you have applied for:**

- 1.
- 2.
- 3.

**Please list school-aged siblings and the schools they attend.**

- |    | <u>Name</u> | <u>School</u> |
|----|-------------|---------------|
| 1. |             |               |
| 2. |             |               |
| 3. |             |               |
| 4. |             |               |

**Please tick one of the following boxes to indicate attendance at the appeal hearing:**

I will attend the appeal hearing:

I will not be able to attend the appeal hearing but someone else will attend on my behalf:

I will not be able to attend the appeal hearing and understand that the panel will base its decision on my written reasons and evidence:

**Please tick the box if you are happy to waive your rights to 10 school days notice of your appeal hearing.** This may enable us to timetable your appeal earlier than otherwise expected.

I am happy to waive my rights:

I am not happy to waive my rights:

**Reasons for appeal: (you must complete this section):**

- **I**f your appeal is for an Infant Class Size refusal, you must state on which grounds you are appealing:
  - A.** The admission of additional children would not breach the Infant Class Size, or
  - B.** The admission arrangements did not comply with admissions law or were not correctly and impartially applied and the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied; or
  - C.** The decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.
- In **all** cases, give full reasons for your appeal and continue on a separate sheet if necessary.
- Attach any additional paperwork securely.

I will need a signer, or an interpreter who speaks the following language at the appeal hearing. *You have to be attending the appeal hearing for this service.*

.....

I have a disability and need the following adjustments made at the venue:

.....

Please list additional information either included or to be sent at a later date:

	<u>Attached</u>	<u>Send later</u>
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....

**Declaration:**

All information given is correct to the best of my knowledge and I am the person with parental responsibility for the child named on this form.

Signed .....

Date .....

Please return your completed form to:

**The Active Learning Trust  
C/O Cromwell Community College  
Wenny Road  
Chatteris  
Cams. PE16 6UU**

*We cannot be held responsible for forms that are lost in the post, sent or delivered to other locations.*