

**In-Year School Appeal Form**

**Early Years Foundation Stage and Key Stage One- (Reception, Year 1 and Year 2)**

Please complete this form if you wish to appeal for a place for your child. Your appeal will be heard by an Appeals Panel who are totally independent of Sinai Jewish Primary School and have had no involvement with any decision made to date about your child. **PLEASE READ THE APPEALS GUIDE BEFORE COMPLETING THIS FORM**

**PLEASE PRINT CLEARLY IN BLACK INK AND COMPLETE ALL SECTIONS**

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| **Child’s Details** | | | |
| Child’s Surname |  | | |
| Child’s Forename |  | | |
| Child’s Gender  Please tick the appropriate box | Male Female | | |
| Child’s Date of birth | Day | Month | Year |

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| **Parent/Guardian Details** | | | |
| Your Title  (e.g. Mr/Mrs/Mr/Miss/Dr. etc) |  | | |
| Home Address |  | | |
| Telephone Number | Day: | | |
| Evening: | | |
| Mobile: | | |
| E-Mail Address: |  | | |
| Preferred Contact Method | Email | Post |  |
|  | | |
| I confirm that I consent for my 10 school days’ notice to be waived\*  Yes No | | | |

\*It is a requirement of the Code that appellants are given 10 school days’ notice of the appeal however an appellant can waive that right in order to have their appeal heard sooner. Appellants will receive at least 5 working days’ notice

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| **Appeal Details** | |
| What School have you been Offered/What is your Current School: |  |
| An appeal is against the decision not to offer your child a school place. | |
| Which Year Group are you appealing for?  Reception Year 1 Year 2 (please circle) | |
| Sinai has declared that the class size has reached 30 pupils and that, therefore, they cannot admit your child. Please note that there are only three circumstances under which an Appeal Panel can uphold an appeal for Sinai. The grounds for appeals are as follows: | |
| *a) the child would have been offered a place if the admission arrangements had been*  *properly implemented;*  Please note that it is not enough to show that there had been a mistake in implementing the school’s admission arrangements. The Panel must be satisfied that, had the arrangements been carried out properly, the child would have been admitted.  If you wish to appeal on these grounds, please explain how you feel Sinai has failed to implement the admissions criteria or to follow its procedures correctly. Please give as much information as possible and continue on a separate sheet if necessary. | |
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| *b) the child would have been offered a place if the arrangements had not been contrary to mandatory provisions in the School Admissions Code (https://www.gov.uk/government/publications/school-admissions-code) and the School Standards and Framework Act 1998; (https://www.legislation.gov.uk/ukpga/1998/31/contents*  If you wish to appeal on these grounds, please give your reasons, giving as much information as possible to explain your case. Please continue on a separate sheet if necessary. |
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| *c) the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.* |
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| **Attendance at the Appeal** | |
| If you plan to come to the hearing, please indicate any dates when you would be unable to  attend, otherwise it will be assumed you can make the hearing date allocated unless unforeseen circumstances arise: | |
| **Attendance at the Appeal Hearing**. Please tick the appropriate statement below:  I will be attending the appeal Hearing  I will not be attending the appeal hearing and understand that the appeal will be heard in my absence. | |
| Will you be accompanied by a representative? Yes No  Please tick the appropriate box  If Yes, please give name, address (email/telephone number) of representative  (Please print in BLOCK capitals). | |
| Name of representative |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Do you need an interpreter to attend the hearing? Yes No  Please tick the appropriate box | |
| If Yes, please state language required : | |
| Name of Parent/Carer \*  Mr / Mrs / Ms / Miss  Signature Parent/Carer \* Date  (\* Please delete as applicable ) | |

**Please return this completed form to Clerk to the Governors, Sinai Jewish Primary School within 20 school days of being refused admission.**

**FOR OFFICE USE ONLY**

APPEAL REFERENCE:………………………………… YEAR GROUP………………….

FULL NAME OF PUPIL:……………………………………………………………………………..

ATTENDING (if applicable):…………………………………………………………………………

DATE OF HEARING:……………………………. TIME OF APPOINTMENT………………….

PLACE: ……………………………..……………………………………………………………….