



**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**

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

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

### 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.

*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

*c) the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.*

**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: .....