



PRIMARY
SECONDARY

For Official Use Only	
Appeal No.	

Appeal for Admission to a Voluntary Aided School

**To enable legible photocopies to be produced for members of the
Appeal Committee, please complete this form in black pen.**

The Governors of Voluntary Aided Schools are responsible for making arrangements for an independent committee to hear appeals against any decision refusing admission. The Appeal Committee hearings will be arranged in accordance with a Code of Practice drawn up in consultation with the Council on Tribunals. Appellants are entitled to attend the hearing and are encouraged to do so. The Code indicates that an appeal Committee should normally allow an appellant to be accompanied by a friend or to be represented. However, hearings should be conducted in as informal an atmosphere as possible and legal representation will, therefore, usually be unnecessary.

A. General Information – The Pupil and the Appellant

1. Name of Pupil: Surname Forename(s)

2. Pupil's Date of Birth: Day Month Year Sex

3. School Now Attending:

4. Name(s) of Parent(s) or Guardian(s)

5. Address:
 Tel. No.(Home) (Work)

6. Relationship of Appellant to Pupil – (Father / Mother / Guardian / Other (please specify):

7. Do you intend to be present at the Hearing Appeal? YES / NO*

8. Do you intend to be represented? YES / NO*
 If YES, by whom?

NOTE: If you do not intend to be present or to be represented, the appeal will be considered on the basis of information supplied on this form and any other accompanying information you may supply.

* Please delete as appropriate

B. School Preferred

9. Which School would you like your child to attend?

10. Why do you consider that a place should be allocated at this School?

11. Are there any special reasons affecting the child, e.g. of a medical, social or welfare nature, why you think your child should attend this School? PLEASE ATTACH PROFESSIONAL EVIDENCE WHERE APPROPRIATE, e.g. a letter from a doctor.

B. School Preferred (contd.)

12. Will the child who is the subject of this Appeal have any brothers or sisters attending this school at his / her date of entry?
If so, please complete the following:-

Name: Date of Birth: Date admitted:.....
.....

13. Have you any other connection with this school? (eg parent or older child attended)
.....

14. Are there any other factors you wish to be considered? You may attach a separate sheet if you require more space.
.....
.....

C. Religious Commitment

If you claim active parental commitment to any faith as part of your case, please complete this section.

15. Name of place of worship attended? (eg named church, Mosque)

16. How frequently do parents attend? (eg weekly, monthly, major festivals)

17. For how long has this been your pattern of worship?

D. Allocated School

18. If you have been allocated a place at another school/s, state at which:

19. Why are you dissatisfied with this allocation?

20. Are there any travel difficulties compared with the preferred school?

E. For those appealing for a secondary school place only:

If you completed the Authority's preference form which schools did you state?

1 2 3

4 5 6

Signed: Date:

This pro-forma may be added to in any section, and you are quite free to write a separate letter of appeal. Any written documentation you wish the Appeal Committee to consider should be submitted with this form. Further procedural details will be issued later to all appellants.

If you have any difficulty in completing this pro-forma or submitting your appeal, the Clerk to the Governors will be pleased to assist.

PLEASE COMPLETE AND RETURN THIS FORM TO THE PREFERRED SCHOOL.