

NOTICE OF APPEAL

**For School Appeals**

Made under Section 94(1) of the School Standards and Framework Act 1998 against

The Admission Authority’s decision not to offer a school place at a community or voluntary controlled school maintained by North East Lincolnshire Council or The Local Authority’s decision on behalf of the Governing Body/Academy Trust of an academy, not to offer a place at that academy.

 01472 324119  LegalAdmin@nelincs.gov.uk  www.nelincs.gov.uk

 Legal Services, Municipal Offices, Town Hall Square, Grimsby, DN31 1HU

Parents/Carers are advised to carefully read the leaflet “Guide to the School Admission Appeals Procedure” before completing this form.

**Notes:**

* If your child has an Education, Health and Care Plan (EHCP), you cannot appeal through this process. In these cases, parents/carers should contact the SEN Assessment and Review Team (SENART) on (01472) 323166.
* Appeals are arranged to be heard Monday to Friday only. Appeals are not arranged during the school holidays, on any bank holidays or during the Christmas/New Year period.

# PUPIL DETAILS

| **Pupil’s first names** |  |
| --- | --- |
| **Pupil’s surname** |  |
| **Pupil’s date of birth** |  |
| **Pupil’s gender** |  |
| **Pupil’s current school** |  |

# NATIONAL CURRICULUM YEAR (tick as appropriate)

Reception [ ]  Year 1 [ ]  Year 2 [ ]  Year 3 [ ]  Year 4 [ ]  Year 5 [ ]

Year 6 [ ]  Year 7 [ ]  Year 8 [ ]  Year 9 [ ]  Year 10 [ ]  Year 11 [ ]

# PREFERRED SCHOOL DETAILS

**School appealing for:**

# PARENT / CARER DETAILS

| **Title** | Mr / Mrs / Miss / Ms / Dr |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Relationship to pupil** |  |
| **Address include postcode***(If you are in the process of moving, please include both your current and new addresses and the date of moving).* |  |
| **Contact number** |  |
| **Contact e-mail address** |  |

# APPEAL ATTENDANCE

Is it your intention, at this stage, to attend your appeal hearing? **Yes** [ ]  **No** [ ] (tick as appropriate)

If you do not/are unable to attend the hearing, the Appeals Panel will only be able to consider the information you have supplied on this form and/or any additional information you submit prior to the hearing. (The Appeals Panel do not see the Common Application Form).

# REASONS WHY YOU FEEL YOUR CHILD SHOULD BE ADMITTED TO YOUR PREFERRED SCHOOL

In this section outline the reasons why you wish your child to attend the school for which you are appealing.

* **Change of address**: If your appeal is based on a change of address, please give details, including your current and new addresses and the date you will be moving (please note that this can only be considered if firm documentary evidence of the move (e.g. exchange of contracts/tenancy agreement) is supplied.
* **Medical needs**: should be supported by a doctor’s certificate indicating how any medical condition relates to the school preference. It is the responsibility of the appellants to ensure that any supporting documentation is available for the panel to consider prior to the appeal hearing.
* **Religious**: Some church schools give some priority on religious grounds – see school prospectus. You may be contacted for further information.
* What can the preferred school offer the child that the allocated school or other schools cannot?
* Give any other reasons you think relevant – e.g., educational, personal, or social.

***Note: The Independent Appeals Panel is unable to consider letters of support from schools.***

**Please continue on additional sheets if necessary.**

# DECLARATION

**I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.** In addition, I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this Notice of appeal (this will be verified by the local authority on behalf of all admission authorities. (Note: Documentary evidence may be requested).

## Information Sharing and Consent

I understand that the information I have provided to North East Lincolnshire Council regarding my child and family will be recorded and used for the purpose of providing services, support, advice and guidance to my child and family. I agree to my family’s personal information being processed and shared by North East Lincolnshire Council with appropriate partners and organisations to enable them to provide us with services, support, information, advice and guidance in order to achieve a positive outcome for me and my family. North East Lincolnshire Council is the Data Controller for the processing of my personal information and will process all personal information in accordance with the Data Protection Act and GDPR.

**I declare that the information provided in this document is correct and I give consent to the above.**

***Please note, any un-signed forms will be returned to parents/carers***

**Signature:**

**Date:**