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|  | **Legal Services****Municipal Offices, Town Hall Square, Grimsby, North East Lincolnshire, DN31 1HU****Telephone: 01472 324149****Website: www.nelincs.gov.uk****NOTICE OF APPEAL** |

This is a Notice of Appeal made under Section 94(1) of the School Standards and Framework Act 1998 against:-

The Local 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 school.

Parents/Carers are advised to read carefully 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 on (01472) 323166
* Appeals are arranged to be heard during the hours of 9am to 4pm Monday to Friday only. Appeals are not arranged during the month of August, on any bank holidays or during the Christmas/New Year period

SECTION A - YOUR CHILD

|  |  |
| --- | --- |
| **Name of Child** |  |
| **Date of Birth** |  | **Gender** | Male\* / Female\* |

\* Delete as appropriate

|  |
| --- |
| **National Curriculum Year (Tick as appropriate)**  |
| **Reception** [ ]  | **Year 7** [ ]  |  |  |  |  |  |
| 01/09/14-31/08/15 | 01/09/07-31/08/08 |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| **Child’s Address** |  |
|  | **Post Code** |  |
| **School Currently Attending** |  |

SECTION B – PARENT/CARER CONTACT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Mr /Mrs /Ms /Miss\* | **Other – please specify** |  |
| **First Name** |  | **Surname** |  |
| **Your relationship to the pupil**  | Mother /Father /Carer \* | **Other – please specify** |  |
| **Contact Details:** | **E-mail** |  |
| **Home Tel. No.** |  | **Work Tel. No.** |  | **Mobile No.** |  |

\*delete as applicable

**SECTION C – SCHOOL APPEALING FOR**

|  |  |
| --- | --- |
| **Preferred School** |  |

**CONTINUED OVER THE PAGE…**

## SECTION D – APPEAL ATTENDANCE

|  |  |
| --- | --- |
| To assist in the administration of the appeal hearing, please clarify at this stage whether it is your intention to attend. | **Yes [ ]  No [ ]  (Tick as appropriate)**  |
| **Please Note:** If you do not/are unable to attend the hearing, the Appeal Panel will only be able to consider the information you have supplied on this form**.** (The Appeal Panel do not see the Common Application Form). |

**SECTION E – REASONS WHY YOU FEEL YOUR CHILD SHOULD BE ADMITTED TO YOUR PREFERRED SCHOOL**

**What can the preferred school offer the child that the allocated school or other schools cannot?**

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 (please note that this can only be considered if firm documentary evidence of the move (e.g. exchange of contracts) 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.
* **Give any other reasons** **you think relevant – e.g.** educational, personal or social.

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

**SECTION F – 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). **I declare that the information provided is correct.**

**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.

**Please sign here after reading the above. Any un-signed forms will be returned to parents/carers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature**  |  | **Date** |  |