

SCHEDULE DATE \_\_\_\_\_ No \_\_\_\_\_

For office use only

	ID Number
1	
2	
3	
4	

FOR OFFICE USE ONLY	DATE
ACK TO PARENT/CARER	
COPY TO SCHOOL/S	
PROOF OF ADDRESS REQUESTED	
REGISTERED ON LOG/COMP	
COPIES TO COMMITTEE SERVICES	

### **NOTICE OF APPEAL AGAINST ADMISSION DECISION**

### **PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK**

**Please Note: You cannot appeal for Voluntary Aided Schools on this form.**

I (PARENT) .....  
 (GUARDIAN/CARER)  
 wish to appeal for a place at .....  
 .....  
 School(s) for my child/children (please print)

FORENAME:	SURNAME:	Boy or Girl	Date of Birth	Current School (or previous school and date of last attendance)	Year Group
1					
2					
3					
4					

Do any of the above children have a statement of Special Educational Needs? YES ☐ NO ☐

If yes, name of child? \_\_\_\_\_

**If yes, then this form cannot be used to submit an admission appeal. You must contact the SEN Assessment & Review for guidance (Tel. 0121 303 1888).**

### **ADDRESS DETAILS - PROOF OF ADDRESS IS REQUIRED (See List on page 3)**

Present Address ..... ..... ..... Post Code... ..... Telephone No ..... Can we contact you by email? Yes <input type="checkbox"/> No <input type="checkbox"/> email: .....	If this appeal is due to a house move please state previous address ..... ..... ..... PostCode... .....
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### **DETAILS OF BROTHER / SISTER**

Do you have any other children attending the school for which you are appealing? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Brother and/or Sister:	Date of Birth:

Has/have your child/children ever been excluded from school? YES ☐ NO ☐

If yes, name of child? \_\_\_\_\_

Name of the school? \_\_\_\_\_

Was it a permanent or temporary exclusion? \_\_\_\_\_ Excluded how many times? \_\_\_\_\_

**CHILD IN THE CARE OF THE LOCAL AUTHORITY (if applicable)**

Is your child in the care of the Local Authority YES ☐ NO ☐

If YES, to which local authority is your child in care .....

Name of Social Worker .....Tel. No

You are encouraged to attend the appeal personally and bring a friend with you to assist in the presentation of your case if you so wish. If you are unable to attend, or do not wish to do so, the appeal will be heard in your absence on the basis of any written evidence which you submit.

**WILL YOU BE ATTENDING THE APPEAL?** YES ☐ NO ☐  
**WILL YOU BRING A FRIEND WITH YOU?** YES ☐ NO ☐

**PLEASE GIVE REASONS FOR YOUR APPEAL –**  
**Please attach copies of any supporting documents e.g. medical**

**REASONS FOR APPEAL**

The parent/carer who submits this form is responsible for ensuring that the views of any other person with parental responsibility for the child(ren) concerned are fully taken into account and represented at any appeal hearing.

Relationship to child .....	
Mr/Ms/Mrs/Miss .....	
Signature .....	Date .....

Please return this form by Post to:

**School Admissions and Pupil Placements Service**  
**PO Box 16513**  
**Birmingham**  
**B2 2FF**

☐ **Have you completed all the boxes?**

- child/children details
- name of the schools you wish to appeal for
- address
- siblings details (if applicable)
- exclusions details (if applicable)
- Special Education Needs details (if applicable)
- Child in Public Care details (if applicable)
- Relationship to child

☐ **Have you given reasons for your appeal?**

☐ Have you attached any additional information in support of your appeal?

☐ **Have you signed and dated the form?**

☐ Have you included proof of your address with your appeal form?

**Acceptable Proof of address (Must be dated within last 6 months)**

- A copy of your council tax bill or;
- A copy of a recent utility bill (gas, water, electric, dated within the last six months)
- A solicitor's letter stating that contracts have been exchanged and specifying a completion date.

**The Local Authority may undertake a home visit without prior notice to verify a child's home address. If a school is offered on the basis of an address that is subsequently found to be different from a child's normal and permanent home address, then that place is liable to be withdrawn. NB – Proof must be in name of appellant signing the form**

If you would like to ask any questions concerning your appeal please contact School Admissions & Pupil Placements Service on **0121 303 1888**.