



# Notice of appeal

**CONFIDENTIAL**

School/office use only

Date form received / /

Please read the explanatory notes attached before completing this form.

## Section 1 – School information

Please complete the details for the school you are appealing for a place at.

School:	
Year group:	Start date:

## Section 2 – Child's details

Surname:	Forename:
Date of birth:	Age now:                  years                  months
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address*:	* This should be your child's permanent, full time address. (Future addresses can only be considered when one of the following is attached to the appeal form: official confirmation that contracts have been exchanged on the property; proof of tenancy agreement).
Post code:	
Current school:	

**Does your child have any siblings (i.e. brothers or sisters)?**     Yes     No

Step-brothers/step-sister, adoptive brothers/sisters living in the same household or children whose parents are married or cohabiting and live together within the same household should be included.

Number of brothers:	Number of sisters:
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Appeal child's position in family (by birth):     1st     2nd     3rd     4th     5th     6th

Which school(s) do the appeal child's siblings attend?
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Siblings' year groups
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Is your child in good health?  Yes  No

**If you have answered 'no'** and your child's medical problem is a reason for you making this appeal – **please give details overleaf and attach to the form any supporting evidence from your doctor or other professional person involved with your child.** This information should be relevant to the school to which you are appealing. Any evidence supplied should clearly state why your preferred school is the most appropriate for your children and the reasons why other schools are not appropriate.

Health details

*Please continue on a separate sheet if necessary*

Does your child have any special needs at school?  Yes  No

**If you have answered 'yes'** – please give details below including details of any Statements of Special Education Needs or 'Steps' (Step 1–3 or Action/Action Plus)

Special educational needs

*Please continue on a separate sheet if necessary*

## Section 3 – Reason for appeal

Please set out below or in an attached letter why you would like your child to attend this particular school. Please attach any supporting documentation as necessary.

*Please continue on a separate sheet if necessary*

## Section 4 – Your details

Name: Mr/Mrs/Ms/Miss/Other:	Relationship to child:
Surname:	Forename:
Address (if different to child):	Home tel:
	Work/mobile tel:
Post code:	Email address:

## Section 5a – Attendance at the appeal hearing

**You do not have to attend the appeal hearing but you are strongly advised to do so.**

Do you wish to be present at the appeal hearing?  Yes  No

Signed:	Date:
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If you are going to attend, please indicate below if you require any special facilities:

Interpreter  Signer  Wheelchair access  Sound-loop system  Other

If you require an interpreter, which language is required?
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If you require other special facilities, please state
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## Section 5b – Waiver of 10 school day notice period

### IMPORTANT: Please read

**Please note that you can insist on your right to 10 school days' notice but if the Independent Appeal Panel has arranged to hear other appeals concerning your preferred school within the next 10 school days, you can have your appeal heard at the same hearing if you wish. It is usually desirable for all appeals concerning entry to one particular school to be heard at the same time. This is because by the time a new hearing date has been arranged for your child's appeal, the number of the children at the preferred school may by then have increased, which could increase the prejudice to the school.**

I understand that arrangements may have already been made to hear other appeals concerning admissions to my preferred school within the next 10 school days. I understand that I am formally entitled to at least 10 school days notice of the date, time and place of the hearing but I would like my child's appeal to be heard as soon as possible and so **I waive my right to be given 10 school days notice.**

Signed:	Date:
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## Data protection

Data Protection: Portsmouth City Council complies with the Freedom Of Information Act 2000(FOIA) and the Data Protection Act 1998 (DPA) which applies to all recorded information that it holds or is held on its behalf. Information that is provided to or held by the City Council will be processed and disclosed strictly in accordance with the FOIA, DPA and other appropriate legislation. For further information on data sharing please go to [www.portsmouth.gov.uk/learning/11877.html](http://www.portsmouth.gov.uk/learning/11877.html) or request a copy.