

Date Received		Form Checked / input		E	E&E	G	MV	R&B	R
Settled/Withdrawn		Attachments		S	SH	T	Wa	Wo	OoC

NOTICE OF APPEAL
SCHOOL STANDARDS & FRAMEWORK ACT 1998

Please read the accompanying Guidance Notes before completing.

Please complete in **BLOCK LETTERS AND BLACK INK.**

I wish to appeal against the decision of the Admission Authority not to offer my child a place at the school named in 1 below

1 You are appealing for a place at:

2 When do you hope your child will start:

3 What school has your child been offered:

4 What school does your child currently

Your child's details: Gender: Male Female Other

5 What is your child's first name:

What is your child's last name:

What is your child's date of birth: Date Month Year

6 Does your child currently have a full current Education, Health and Care Plan (EHCP)?

Please tick appropriate box: Yes No See Guidance Notes

Your details:

7 Title (please tick) Mr Mrs Ms Other

First name

Last name

What is your address: Address line 1:

Address line 2:

Town:

County: Postcode

Daytime telephone number

Alternative telephone number

Email address

What is your relationship to the child Parent Guardian Other Please state

Second parent or guardian. What are the second parent or guardian's contact details?

8	Title (please tick)	Mr		Mrs		Ms		Other	
	First name								
	Last name								
	Address (if different)								
	Postcode								
	Second parent or guardian daytime telephone number?								
	Email address								
	Relationship to your child	Parent		Guardian		Other Please state			

Representative: Do you want to provide details for a representative? No Yes

9	Title (please tick)	Mr		Mrs		Ms		Other	
	First name								
	Last name:								
	Relationship to child								
	Address:								
	Postcode								
	Preferred telephone number								
	Email address								
	Describe the relationship to your child								

10	Witness: What is the name of your witness (Optional)								
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Appeal hearing attendance: You are strongly recommended to attend the appeal hearing in person to present your case. You may be accompanied by a friend or be represented.

11	Who will attend the appeal hearing? (Please tick relevant boxes)	You		2 nd Parent or guardian	
		Representative		Not attending	

Hearing Accessibility or Assistance Requirements:

12 Do you or anyone attending the hearing need an interpreter or signer? We cannot guarantee that any special requests can be met but we will do our best to help.

No		I want the Schools Appeals Service to arrange an interpreter or signer (if you tick yes please let us know the language below):	Yes	
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Language:

Do you or anyone attending the hearing have any other accessibility or assistance needs? We cannot guarantee that any special requests can be met but we will do our best to help.

Under statutory guidance you must be given at least 10 schools days' notice of your appeal date. In exceptional circumstances it may not be possible to give this notice. If this is the case please tick yes or no if you would be happy to proceed with your appeal following a shorter notice period.

YES

NO

Surrey County Council (the 'Council') respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information available to the Council ('your information'). In accordance with the Data Protection Act 1998, the Council will use your information, for the purpose of processing your school admission appeal(s), to (a) deal with your requests and administer its departmental functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) within the Council (including other admission authorities, central government departments, law enforcement agencies, statutory and judicial bodies and independent appeal panels). The Council may also use and disclose information that does not identify individuals for research and strategic development purposes. The School Appeals Service and Local or Admission Authority reserve the right to verify the information contained in this form.

RETURN THIS FORM TO
Surrey School Appeals Service
1st Floor, Fairmount House,
Bull Hill, Leatherhead,
Surrey KT22 7AH

Declaration and Signature of Parent/Carer

- I wish to exercise my right of appeal under the School Standards & Framework Act 1998 for a place at the school named in section 2, as I have been refused a place at this school.
- I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing and I do not send a representative my appeal will be heard in my absence using the information I have supplied on this form along with any other information I have sent to the School Appeals Service before my hearing date.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this appeal invalid and/or further appropriate action being taken.
- I have read and understood the accompanying Guidance Notes.
- I understand that any evidence submitted after the stated deadline may not be considered at my appeal hearing.

Signed:

Date: