RECEPTION SEPTEMBER 2019 START
APPEAL FORM (INFANT CLASS SIZE APPEAL)

Please read the attached guidance notes before completing this form in BLOCK CAPITALS. This form must be completed by the child's parent or guardian and received in the Committee Section by: Thursday 16 May 2019.

1. I wish to appeal for a place at: [ ] School.

NB: Please complete a separate form for each school you are appealing for.

Your appeal must be for a place at a Community School in Ealing Council's area OR one of the following Foundation or Academy Schools: Alec Reed Academy, Brentside Primary School, Christ The Saviour CE Primary School, Dormers Wells Infant School, Edward Betham CE Primary School, Khalsa Primary School, St Marys CofE Primary School, Wood End Infant School and Woodlands Academy.

If your appeal is for a place at any other Foundation, Academy, Free or Voluntary Aided School, your appeal must be submitted directly to that school.

2. My child has been offered a place at: [ ] School.

3. Childs Details:

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>Gender: Male / Female (please delete as appropriate)</td>
</tr>
<tr>
<td>Address:</td>
<td>Post code:</td>
</tr>
</tbody>
</table>

4. Parent or Guardians Details: Title: Mr / Mrs / Ms / Ms (please delete as appropriate)

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: (if different from child):</td>
<td>Post code:</td>
</tr>
<tr>
<td>Tel no:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

5. At the Appeal (Please tick boxes as appropriate):

☐ Personal Appeal – I will be attending the Appeal Panel to put my case personally.

Please write down any dates or times on which you are not available: 

If you ask for a Personal Appeal but are late or fail to attend the meeting without 7 days prior notification, the Appeal will be heard in your absence.

☐ A representative will attend the appeal with me / on my behalf (please delete as appropriate)

Their name and address is: 

☐ Written Appeal - I will NOT be attending the Appeal Panel. I understand that my appeal will be decided on the basis of written statements.

☐ I will need an interpreter and will bring a friend with me to interpret for me at the appeal (If there are special reasons why you cannot bring an interpreter, please contact us).
6. Written statement in support of my appeal

An appeal is against the decision of a school not to offer your child a school place.

Schools have a set number of places to fill. This is called the published admission number (PAN). The school for which you are appealing has declared that they have reached their PAN and are unable to admit an extra child to the year group.

The school for which you are appealing has declared that the admission of an additional child would breach the infant class size limit and therefore they cannot admit your child. Whilst you can appeal on any grounds that you think are relevant, the Appeal Panel may only uphold the appeal where it finds:

*****YOU MUST COMPLETE AT LEAST ONE PART OF SECTION 6*****

a) The admission of additional children would not breach the infant class size limit.
   If you wish to appeal on these grounds, please give your reasons in this box.

(Please attach additional pages or information if necessary)

b) The admission arrangements did not comply with admissions law or were not correctly and impartially applied, and that the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied.
   If you wish to appeal on these grounds, please give your reasons, giving as much information as possible to explain your case.

(Please attach additional pages or information if necessary)
c) The decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case

If you wish to appeal on these grounds, please give your reasons, giving as much information as possible to explain your case.

Please also use this box to include any other grounds for your appeal

(Please attach additional pages or information if necessary)

NB: Any additional information or evidence that is not sent with the appeal form must be submitted by 9am, 5 working days prior to your appeal. Any evidence not submitted by the deadline might not be considered at the appeal.
7. Declaration and Signature of parent or guardian:

- Having been refused a place at the school name overleaf in Section 1, I wish to exercise my right of appeal under the School Standards & Framework Act 1998 ('the Act').
- I certify that I am the person with parental responsibility for the child named in section 3 and the information given is true to the best of my knowledge and belief.
- I give consent for the information I have supplied on this form together with any other information provided in future in support of my appeal to the Committees Section to be:
  - further shared with the Appeal Panel, Clerk to the Appeal Panel, concerned School’s/Local Authority’s Admissions Authority, statutory authorities and other parties involved in organising or assisting the Appeal Panel.
  - kept securely together with notes and proceedings of appeal panel for a minimum of two years as per the requirement of School Admission Appeals Code.
  - processed, recorded, stored and dealt in a manner considered necessary and expedient to be in compliant with the Act.
- I understand that I have the right to withdraw my appeal or above consent at any time by contacting the Committees Section and such withdrawal shall not affect the lawfulness of processing done so far based on consent given earlier before its withdrawal.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using all the information provided relating to my appeal to the Committees Section before my hearing date.
- I am aware that I could be contacted by post, telephone or e-mail in relation to my appeal.

Signature of parent guardian: ____________________________ Date: ____________________

Please return to:
School Admission Appeals
Committee Section
5th floor, North East (Blue) Perceval House
14-16 Uxbridge Road
Ealing W5 2HL
In order for us to assess whether the School Admission Appeals Service is meeting the needs of our diverse communities, please could the parent or guardian of the child that is appealing for a place complete this form.

PLEASE NOTE; filling in this form will not affect your appeal in any way.

Please mark your selections with an “X”

Gender:
Female □    Male □

Ethnic Background:
Please choose and then mark the appropriate box that you feel best describes your ethnic background.

**ASIAN OR ASIAN BRITISH**
- AAFR  African Asian
- ABAN  Bangladeshi
- AIND  Indian
- APKN  Pakistani
- AOTH  AO Asian Background
- AOTH  Other Asian

**BLACK OR BLACK BRITISH**
- BCRB  Caribbean
- BGHA  Ghanaian
- BNGN  Nigerian
- BAOF  Other Black African
- BOTH  Other Black
- BSOM  Somali

**MIXED**
- MWAS  White & Asian
- MWBA  White & Black African
- MWBC  White & Black Caribbean
- MOTH  Other Mixed Background

**OTHER ETHNIC GROUP**
- OAFG  Afghan
- OARA  Arab
- OIRN  Iranian
- OIRQ  Iraqi
- OLAM  Latin American
- OJPN  Japanese
- OOEG  Other Ethnic Group

**WHITE**
- WBRI  White British
- WEEU  White Eastern European
- WIRI  White Irish
- WWWEU White Western European
- WEUR  European
- WROM  White Gypsy/Roma
- WIRT  Traveller of Irish Hert:
- WOTW  White Other

Disability:
The Disability Discrimination Act 1995 defines a person as having a disability if s/he “has a long term physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.”

Do you consider yourself to have a disability?  Yes □    No □