

**YEAR 7 SEPTEMBER 2025 START - APPEAL FORM**

**\*PLEASE READ THE ATTACHED GUIDANCE NOTES BEFORE COMPLETING THIS FORM\***

1. **Name of the school I wish to appeal for a place at for my child:**

**…………………………………………………………………………………………………………..**

1. **Name of the school my child has been offered a place at:**

…………………………………………………………………………………………………………..

|  |
| --- |
| **3.    Childs Details:** |
| Forename: |  |
| Surname: |  |
| Date of birth: |  |
| Gender: |  |
| Address: |  |
| Post code: |  |

|  |
| --- |
| **4.    Parent / Guardian Details:**  |
| Title: | Mr / Mrs / Miss / Ms |
| Forename: |  |
| Surname: |  |
| Address: |  |
| Post code: |  |
| Email: |  |
| Phone number: |  |

**5. At the appeal hearing (Please tick boxes as appropriate):**

|  |  |
| --- | --- |
| **Personal Appeal**:1. I will attend the appeal hearing to verbally present my case
 |  |
| 1. A representative / friend / relative will attend the appeal hearing with me
 |  |
| 1. A representative / friend / relative will attend the appeal hearing on my behalf to

verbally present my case |  |
| 1. I will bring a representative / friend / relative to interpret for me at the appeal hearing
 |  |
| Representative / friend / relative’s full name: |
| Representative / friend / relative’s email address: |
| **Written Appeal** - Please use my written statement1. I will not be attending the appeal hearing, nor will a representative / friend / relative.
 |  |

**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 independent appeal panel will follow a two-stage decision making process:

**First stage: Examining the decision to refuse admission**

The panel considers whether the school’s published admission arrangements (including the area’s co-ordinated admission arrangements):

* comply with the mandatory requirements of the School Admissions Code and Part 3 of the School Standards Framework Act 1998 and
* were correctly and impartially applied in the case in question.

The panel must then decide whether the admission of an additional child would prejudice the provision of efficient education or the efficient use of resources.

**Second stage: balancing the arguments**

The panel exercises its discretion to balance the arguments. The panel will consider whether the reasons provided as to why your child should go to the school outweigh the prejudice that would be caused to the school if they had to take on an extra child, before arriving at a decision.

Please use the space below to set out the details of your appeal

**I consider that the admission arrangements do not comply with the mandatory requirements of the School Admissions code and Part 3 of the School Standards and Framework Act 1998**

|  |
| --- |
| **YES / NO****If YES, please state your reasons for this:** |

**I consider that the admission arrangements were not correctly or impartially applied**

|  |
| --- |
| **YES / NO****If YES, please state your reasons for this:** |

**Written Statement - Please state your reasons for appealing for this particular school:**

|  |
| --- |
|  |

**Declaration and Signature of Parent / Guardian:**

I give consent for the information I have supplied on this form together with any other supporting 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 the appeal panel for a minimum of two years as per the requirement of School Admission Appeals Code.
* processed, recorded, stored and dealt with appropriately.

Signature of Parent / Guardian: ……………………………………………………………………………….

Date: ………………………………………………………………………………………………………………

Please return completed form by email to: Schooladmissionappeals@ealing.gov.uk

### If you have any difficulty returning the form by email, please phone: 0208 825 7946