**RECEPTION SEPTEMBER 2024 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: **Wednesday 15th May 2024.**

|  |  |  |
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| **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****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:** |
| Forename: | Surname: |
| Date of birth: | Gender: Male / Female (please delete as appropriate) |
| Address:  |
|   | Post code: |

|  |
| --- |
| **4.    Parent or Guardians Details:** Title: Mr / Mrs / Ms (please delete as appropriate) |
| Forename: | Surname: |
| Address: (if different from child):  |
|   | Post code: |
| Tel no: |  | Email: |

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

|  |  |
| --- | --- |
|  | **Personal Appeal** – I will be attending the Appeal Panel to put my case personally. |
| **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)  |
|  **Representative** name and email address |  |
|  | **Written Appeal** - I will **NOT** be attending the Appeal Panel. I understand that my appeal will  |
| be decided based on a written statement. |
|  | 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\*\*\*\*\*\***

1. 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)

1. 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)

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

### If you have any difficulty returning the form by email please contact school appeals

### on:- 0208 825 7946

For Office Use Only

Equalities Monitoring Form Ref:

**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** |  | **OTHER ETHNIC GROUP** |
|   | AAFR | African Asian |  |   | OAFG | Afghanistani |
|   | ABAN | Bangladeshi |  |   | OARA | Arab |
|   | AIND | Indian |  |   | OIRN | Iranian |
|   | APKN | Pakistani |  |   | OIRQ | Iraqi |
|   | AOTH | AO Asian Background |  |   | OLAM | Latin American |
|   | AOTH | Other Asian |  |   | OJPN | Japanese |
|  |  |  |  |   | OOEG | Other Ethnic Group |
|  |  |  |  |  |  |  |
| **BLACK OR BLACK BRITISH** |  | **WHITE** |
|   | BCRB | Caribbean |  |   | WBRI | White British |
|   | BGHA | Ghanaian |  |   | WEEU | White Eastern European |
|   | BNGN | Nigerian |  |   | WIRI | White Irish |
|   | BAOF | Other Black African |  |   | WWEU | White Western European |
|   | BOTH | Other Black |  |   | WEUR | European |
|   | BSOM | Somali |  |   | WROM | White Gypsy/Roma |
|  |  |  |  |   | WIRT | Traveller of Irish Hert: |
| **MIXED** |  |   | WOTW | White Other |
|   | MWAS | White & Asian |  |  |  |  |
|   | MWBA | White & Black African |  |  |  |  |
|   | MWBC | White & Black Caribbean |  |  |  |  |
|   | MOTH | Other Mixed Background |  |  |  |  |

**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 **□**