

NOTICE OF APPEAL

This is a Notice of Appeal made under Section 94(1) of the School Standards and Framework Act 1998 against :-

- The Local Authority's decision not to offer a school place at a community or voluntary controlled school maintained by North East Lincolnshire Council; or
- The Local Authority's decision on behalf of the Governing Body of an Academy, not to offer a place at that school.



Directorate of Resources

Parents/Carers are advised to read carefully the leaflet "Guide to The Admission Appeals Procedure" before completing this form

Notes
If your child has a Statement of Special Educational Needs / Education, Health and Care Plan (EHCP), you cannot appeal through this process. In these cases parents/carers should contact the SEN Assessment and Review Team on (01472) 326291 (Option 3).

Section A: Child's Details

Name of Child	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> tick as appropriate
Date of birth	/ /
National Curriculum Year	*PRIMARY PHASE:- Reception* / Year 1* / Year 2* / Year 3* / Year 4* / Year 5* / Year 6*
*Circle as appropriate	*SECONDARY PHASE:- Year 7* / Year 8* / Year 9* / Year 10* / Year 11*

Home Address	
Post Code	

Section B: Parent's/Carer's Details

Title (tick as appropriate)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Name of Parent/Carer				
Are you the child's	Parent <input type="checkbox"/>	Carer <input type="checkbox"/>	Social Worker <input type="checkbox"/>	
Telephone Number – Landline & or Mobile				
E-mail address				
Is there anyone who should not have access to, or information about the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	tick as appropriate	
If Yes please specify who and for what reason				

Section C – School Information

School currently attending / last attended:	
Name of Preferred School:	

Section D – Attendance at Appeal Hearing

To assist in the administration of the appeal hearing, please clarify at this stage whether it is your intention to attend.	Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick as appropriate)
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Please Note: If you state that you are unable to attend, when you receive the invite to attend the appeal hearing, you will be made aware that the Appeals Panel will only be able to consider the information you have supplied on this form and your initial Common Application Form, unless you submit a statement outlining your case.

Appeals Form 2014-2015



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Section E – Grounds for Appeal

In this section please outline your reasons why you wish your child to attend the school you are appealing for. Please be aware of the notes below when stating your reasons :-

Lined area for writing reasons for appeal.

Please continue on additional sheets if necessary

Section F – Declaration

I declare that all information I have given is correct. I understand that false/fraudulent information may result in my child losing their school place. I have checked that all those with parental responsibility are in agreement with the information presented on this form and I confirm that the child does reside with me (if this is not the case please give name and address of child's carer).

Signed _____ Date _____

Please return this form to Legal and Democratic Services, Municipal Offices, Town Hall Square, Grimsby, North East Lincolnshire, DN31 1HU

