

Malcolm Sargent Primary School

School Admissions Appeal

School Standards and Framework Act 1998

Please complete this form in BLACK ink.

School

If the LA has refused your child admission to any other schools for which you have expressed a preference and you wish to appeal you must complete **a separate appeal form for each school.**

School you wish to appeal for a place

Year group you are appealing for

School offered by your Local Authority

Name of school child is currently attending / last attended

Child Details

First names

Gender

Male

Female

Surname

Date of birth

Address and Post Code

Child "in care" and Special Educational Needs (SEN)

Is the child currently or has previously being cared for by the Local Authority

Yes

No

Does your child have a Statement of Special Education Needs?

Yes

No

If you have answered "Yes" to either of the above you must immediately contact the Admission Team on 01780 762708.

Exclusions

Is your child permanently excluded from school?

Yes

No

Which School?

Medical

Are you basing your appeal on your or your child's medical issues?

Yes

No

If you have answered "Yes" above could you please provide medical evidence in the form of a Hospital and/or Consultant Report with the application.

Sibling Details

Do you have any other school age children?

Yes

No

If yes, please complete with their names, ages and schools they attend.

Name	Date of Birth	Name of current school

Parent / guardian / carer details

Title, Name and Surname

Specific Relationship to child eg. mother / father / Guardian / Carer / Other (please specify)

Address (if different from above)

Telephone Number

Daytime

Evening

Postal code

Mobile

Email

Please provide proof of address in the form of Council Tax Bill, Utility Bill, Exchange of Contract, Completion Certificate, Signed Tenancy Agreement, letter from Benefits i.e. Income Support, Job Seekers Allowance, Child Benefits, Family Tax Credits. We do not accept Drivers Licence, Bank Statements or Store Card Accounts. Proof of address must be less than 6 months old.

If you are moving house

If you are in the process of moving house and this forms part of the reason for your appeal, you should forward the proof of exchange of contracts or tenancy agreement for the new address to the Clerk to the Panel as soon as possible.

New address and Post Code

Expected date of move

Declaration and Signature

I understand that an Independent Appeal panel will hear my appeal,. Which I have the right to attend. I certify that the information I have given on this Appeal Form is correct. I understand that any false or deliberately misleading information on this Appeal Form and/or in any supporting documentation or other information may render this appeal invalid or lead to any offer of a place being withdrawn.

Name of Applicant

Relationship to Child

Do you have parental responsibility for the child?

Yes

No

If you have answered "No" above then this form must also be signed by the person who has parental responsibility.

Signature of person with parental responsibility

Print Name

Date

IMPORTANT: wherever possible, you should provide supporting evidence of your case, for example, Proof of Address and/or a letter/report from a doctor or other professional people. The panel cannot contact your doctor or others; it is your responsibility to obtain any supporting evidence.

Returning your completed Appeal Form and additional information

You can either post or hand in your appeal form or additional information.

POST

Appeals Administrator
Legal Services
Sand Martin House
Bittern Way
Fletton Quays
Peterborough
PE2 8TY

EMAIL

Tel: 01733 452589
appealsservice@peterborough.gov.uk

BY HAND

You can hand in your appeal form and additional information to Sand Martin House Reception. Please request a receipt from the receptionist.

Please be aware that if you hand in your appeal form at Town Hall this will cause a delay in processing your appeal