



COMPLETING YOUR APPEAL FORM

FOR A PLACE IN THE YEAR OF ENTRY AT A SOMERSET SCHOOL

PLEASE READ THESE NOTES BEFORE COMPLETING THE APPEAL FORM

Before completing the attached appeal form please read these notes thoroughly. If you remain unclear concerning the information requested, how to complete the form, or the deadline by which your form must be submitted, then please contact Somerset Direct on **0300 123 2224** for further help.

Your appeal form should be completed in English. Help is available with translation and interpretation upon request to Somerset Direct. You may complete your form by handwriting or type, please note however that the form must be signed. Please endeavour to complete all fields on the form. Where a field is not relevant then please indicate this with **N/A**.

Please return your application form to the School Admissions Appeals Co-ordinator at the address below. This must be received in the office by the published appeal application deadline of **1.00pm, 20 school days from and including the date on your outcome letter**. (If sent by post, proof of posting is strongly recommended)

You should include with your appeal form all the information you would like the Appeal Panel to consider. If supporting documents cannot be provided at this time, please ensure that they are submitted as soon as possible. This includes any supporting information (e.g. a doctors note, medical evidence, or evidence of a house move).

It may be necessary to delay the hearing if supporting information is provided less than three working days before the hearing, which the panel considers may need further investigation or which the admission authority may need time to respond to.

You are entitled to receive notice of the date of your appeal hearing 10 school days in advance of the hearing date. However, you have the right to waive this period of notice where it suits your circumstances to do so. For example, where a school holiday would otherwise delay your appeal hearing, if you waive the period of notice then it may be possible to have your appeal hearing scheduled during the holiday period. If you wish to waive your rights to this notice period, please tick the relevant box at section 3a on your appeal form.

If your preferred method of contact is by e-mail you must provide a suitable e-mail address to which all of your appeal documentation can be sent. If you choose to receive your appeal paperwork by e-mail you will need to check your e-mail account regularly and must respond to the verification e-mail that will be sent to the e-mail address listed on the appeal form within 3 days. If a reply is not received then all paperwork will be sent by post.

Please note the appeal documentation will be referred to at the hearing so you may want to print a copy to bring with you to the hearing.

Please return your form to:

The School Admission Appeals Co-ordinator
School Admissions Team
County Hall
Taunton
Somerset
TA1 4DY

The following may be useful when completing your form

Sibling details

Please include details of all siblings and identify any current provision at an early years setting, school, or sixth form.

Parent/Carer

The applicant must be a parent/carer of the child concerned, and have legal responsibility for the care and education of the child at the time of the appeal hearing, **or** a person who has been delegated responsibility to complete the form on behalf of a parent/carer.

Your home address

This will be the address to which all correspondence relating to your appeal hearing will be sent if your preferred method of contact is by post.

The child's home address

The home address that will be used for the preparation of technical information in connection with your appeal will be the address at which the child concerned lives, or subject to evidence will be living at the time the school place is expected to be required.

Changing address

The Appeal panel will seek proof of an intended house move. Normally a solicitors letter proving 'exchange of contract' or a fixed term rental agreement for a period of six months or more will be satisfactory.

Bullying/Issues at current/previous school(s)

If the grounds for your appeal include bullying or issues at your child's current/previous school(s), you should be aware that the Headteacher will be asked to comment. This information will then be made available to the Appeal Panel at the hearing.

Person(s) accompanying

You are entitled to bring a friend or adviser along to the hearing, this can be a locally elected politician, or an employee of the local education authority such as an educational social worker, Special Educational Needs (SEN) adviser or learning mentor.

You may also wish to consider using the Choice Advice Service – Tel 01823 356903 or e-mail choiceadvice@somerset.gov.uk

However this person must not be a member of the Admissions Authority or an employee of the school in question.

Supporting information

You should provide as much information as you consider appropriate to substantiate your reasons for wanting a place at a particular school. You should complete **part 3** of the appeal form as fully as possible and if you require additional space, continue on a separate sheet.

You may also like to consider requesting a booklet that explains the school admission appeals procedure from the School Admissions Appeals Co-ordinator, alternatively it is available on the Somerset County Council School Admissions website.

SCHOOL ADMISSION APPEAL FORM

FOR A PLACE IN THE YEAR OF ENTRY AT A SOMERSET SCHOOL



Please ensure you read the attached notes before completing this appeal form

1. Pupil/School Details Section:

Full name	Date of Birth	Please tick ✓						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Is your child –</td> <td style="width: 15%;">Male</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>Female</td> <td></td> </tr> </table>	Is your child –	Male			Female	
Is your child –	Male							
	Female							

Preferred School (A separate appeal form must be completed for each school you wish to appeal for)	Date on which place required

Please circle		
Have you appealed for a place at this school previously?	Yes	No
Have you approached/visited your preferred school?	Yes	No

Pupil's current school	OR	Previous school	Date last on roll
	if not on roll:		

Sibling Details:			Please tick ✓	
Full name	Date of Birth	Year Group	Current school	Or last school

2. Applicant's Details:

Title: Mr/Mrs/Miss/Dr/Other (please circle)	Preferred contact telephone numbers
Parent/Carer's Name(s)	

Your current address:

Your child's address, if different:

House Name/No:	House Name/No:
Street:	Street:
Town:	Town:
Postcode:	Postcode:

How long has your child been resident at this address?	Date since

Moving house? Please provide your new address below:

House Name/No:	Street:
Town:	Postcode:
If moving house, please enter 'exchange of contract' date or 'rental agreement' start date:	

E-mail address:	

Preferred method of contact (Please tick ✓)	*E-mail		Post	

***Please note that if your preferred method of contact is by e-mail you must read the first page of notes attached to this document which contains important information regarding the verification of your e-mail address.**

3. Parent/Carer Statement

Please enter any information you feel is relevant to support your appeal for a school place. Should you require more space, please continue on an additional sheet and enclose with this appeal form.

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Are there any dates the appeal hearing should avoid?	
Are you intending to attend the appeal hearing? (we recommend that you do)	
Please provide the name of anyone accompanying you to the hearing.	
Please state the role in which the above person is attending e.g. family member, friend , legal representative, Choice Adviser, Social Worker etc.	
Please help us to meet your needs by stating any requirements that you have for access into and around buildings, access to materials (e.g. print size) or access to spoken language (e.g. induction hearing loop, an interpreter).	

- a) I agree to the original school place application form and any supporting evidence submitted for the child named above to be presented to the appeal panel.** Please ✓
- b) Please note I wish to waive my right to 10 school days notice of my hearing date.** Please ✓
- c) Choice Advice can offer impartial support and advice about admission appeals, please see the enclosed leaflet. For further information regarding this service please tick.** Please ✓
- d) I hereby confirm that I am the parent/carers of this child and/or have the parent/carers permission to complete this appeal form.**

Signed: _____ Date: _____

This appeal form will not be accepted unless fully completed and signed. Any incomplete forms will be returned and this will cause a delay to your appeal being scheduled.