

Suffolk County Council EDUCATION ADMISSION APPEALS **NOTICE OF APPEAL FORM**

Please read A Guide to Education Admission Appeals

before completing this form. Complete a s	eparate form for eac	h school you are appealing	for.
Please print in capital letters			
Details of the School You Are Appealin I am appealing for a place at (name of sch			
And would like my child to start from (DD/MN	I/YYYY):		
Child's details Child's legal last name:			
First name:	Middle nam	e:	
Child's date of birth (DD/MM/YYYY):	Male: □	Female □	
Parent/Carer Name Mr/Mrs/Miss/Ms/Other:	Initials:		
Last name:	Relationsh	ip to child:	
Telephone numbers:			
Email address:			
Current Address including the postcode:			
Other details – if you are in the process provide a copy of a letter from your so new tenancy agreement. Child's future address, including postcode:			
	Date of	of move:	
School Details Name and address of current school or educations.	ation provision (if ap	olicable):	
Current year group:			
The admission authority has offered my child	a place at (name of	school):	
To begin in year group:			
Please list the schools you have applied for it	n order of preference	: :	
1			
2			
3			

Please list school aged siblings and the schools they attend:

	Name	School
1		
2		
3		
4		

Reason for appeal – you must complete this section giving full reasons for your appeal (continue on a separate sheet if necessary). Attach any additional paperwork securely and refer to A Guide to Education Appeals.

The following is only relevant if your appeal is for an Infant Class Size refusal (your refusal letter will tell you if this is the case) you must state on which grounds you are appealing:

- A. The admission of additional children would not breach the Infant Class Size, or
- B. The admission arrangements did not comply with admissions law or were not correctly and impartially applied and the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied; or
- C. The decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.

Please list any additional information either included of	or to be sent at a later	date:		
	Included	To Be Sent Later		
1				
2				
3				
Attendance at appeal hearing Please tick one of the boxes to indicate attendance at I will attend the appeal hearing: I will not be able to attend the appeal hearing but som I will not be able to attend the appeal hearing and uncits decision on my written reasons and evidence:	neone will attend on m	•		
You are entitled to ten school days' notice of the apper your appeal at short notice, which means you do not if you would be happy for us to do this. Yes, I am happy to receive under the ten school days No, I require at least ten school days' notice of my he	get that amount of time $^{\prime}$ notice \square			
I will need a signer or interpreter who speaks the follow I have a disability and require the following adjustment				
Data Protection: Our Privacy Notice is available at we privacy notice tells you what information Children's Se regarding your information. You can request a paper	ervices collects and us	es, and your rights		
Parental Declaration (MUST be completed): I confi Admission Appeals. I understand that the Appeals' Te I also confirm that the information I have given on this as defined under section 576 of the Education Act 19	eam is not responsible s form is true and that I	for forms lost in the post.		
Parent/Carer's signature:	Date	:		
Contact details and where to send this form (we strongly suggest you get proof of posting):				
Education Appeals Team, PO Box 579, Ipswich, Suffolk, IP1 2BX				
Forms can also be emailed to:				

Email: statutory.appealsoffice@suffolk.gov.uk