



Notice of School Admission Appeal

Please use block letters and write in black ink or ballpoint pen as this form will need to be photocopied.

Return to: SHINE Multi Academy Trust (Admissions Authority), Company Secretary and Clerk to the Board, marked confidential and submitted to the school office for which you wish to lodge the appeal or via email: governance@shine-mat.com

a) School you would prefer your child to attend:

b) Name of child who is the subject of the appeal:

c) Gender: Male Female

d) Date of birth:

e) Please state the Year Group to which the appeal relates? circle as appropriate*

Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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f) Present or previous school:

g) If your child has been offered a place at an alternative school, please state below the allocated school (if known):

h) Name of parent(s) or person legally responsible for the child:



i) Relationship to the child:

j) Current address of parent(s) or person legally responsible for the child:

Address:

Postcode:

k) **If you are moving to a new house, please give details of new address and proposed date of move below.** If you are likely to change address between the date you send in your notice of appeal and the date you wish your child to start at the school, the Panel will only consider your proposed address if you have entered into a definite legal commitment to move, for example, exchanged contracts on a house purchase or signed a lease tenancy agreement. If no such legal commitment has been made on your part, then the Panel will only take account of your present address when considering your appeal. In that case it may be in your best interests to ask for the appeal hearing to be deferred until you enter into the appropriate legal commitment. That, however, is a matter for you to decide.

Address:

Postcode:

Proposed moving date (if known):

l) Siblings (as defined in the admission policy):

<u>Name</u>	<u>Date of birth</u>	<u>Present school</u>
.....
.....



(please tick ✓)

YES

NO

m) Have you received a letter confirming you have been refused a place for your child at your preferred school?
(if yes, please attach)

n) Do you wish to attend the hearing?

(Wherever possible, it would be helpful if you or a representative could attend the appeal)

n) If attending the hearing, will you bring a friend, supporter or representative.

YES

NO

o) Telephone number to be used for participation in conference calls.

p) Are you agreeable to shorter notice (than 10 days) being given so that the appeal may be heard sooner?

YES

NO

q) Name and address of representative:

Address:

Postcode:

Email:

Telephone No:



r) Do you require an interpreter at the hearing?

YES

NO

(If yes, please state which language)

Please note: if you have ticked 'Yes' in question 'n' above, you will be sent two copies of the statement for the appeal panel at least 7 days before your appeal hearing. One copy is for you to keep, the other is for your friend or representative (if appropriate).

s) Please indicate below the dates when you are **not** able to attend (e.g. annual holidays)



Declaration:

I confirm that I am a parent/carer forand that my child has been refused a place at this school. I have checked that all those with parental responsibility agree with the information presented in this form and the information given is true to the best of my knowledge and belief.

I agree that the information given may be circulated to members of the Appeals Panel.

I understand that, if I do not attend the hearing and I do not send a representative, my case will be heard in my absence using the information I have supplied on this form along with any other information I have submitted by my hearing date.

I agree to the above declaration:

Signed Date

Address for all correspondence if different to question 'J':

Postcode:

Email address:

Telephone number(s): Home

Mobile

Work

It would be helpful if you could indicate the best time for us to contact you by telephone and whether it is appropriate to contact you at your work number.....