

### SCHOOL ADMISSION APPEAL FORM

You are advised to read the guidance notes before completing this form.  
If you need further advice, please contact (0116) 3057912

SECTION 1: PUPIL AND SCHOOL DETAILS	
<b>PUPIL'S NAME</b>	<b>DATE OF BIRTH</b>
<b>PREFERRED SCHOOL</b>	<b>GENDER</b> (Male/Female)
<b>ALLOCATED SCHOOL</b> (if applicable)	<b>YEAR GROUP</b> (please state year group to which the appeal relates)
<b>PRESENT OR PREVIOUS SCHOOL</b> (if applicable)	

SECTION 2: PARENT (OR CARER) DETAILS			
<b>TITLE</b>	<b>INITIAL(S)</b>	<b>SURNAME</b>	<b>RELATIONSHIP TO PUPIL</b>
<b>TITLE</b>	<b>INITIAL(S)</b>	<b>SURNAME</b>	<b>RELATIONSHIP TO PUPIL</b>
<b>CURRENT ADDRESS:</b> ..... ..... ..... ..... ..... ..... <b>POST CODE</b> .....			<b>CONTACT DETAILS</b> Tel: Home: .....  Tel: Work: .....  Mobile: ..... Email .....

SECTION 3: EXPECTED CHANGE OF ADDRESS	
Complete this section <u>only</u> if you are due to or <u>expecting</u> to move home. If not, please go to SECTION 4 of the form	
<b>NEW ADDRESS</b> ..... ..... ..... <b>POST CODE</b> .....	<b>EXPECTED MOVING DATE</b> (if known) ..... <b>TEL. NUMBER (if known)</b> .....

SECTION 4: DISABILITY DISCRIMINATION	
<b>Do you believe that your child has a disability and that this has affected the decision not to admit your child to your preferred school? If you have answered 'yes' please insert details in Section 5.</b>	<b>YES/NO</b>

**SECTION 5: GROUNDS/REASONS FOR SUBMITTING THE APPEAL**

**You should state your grounds for appeal in the space below and include the reasons for your preference. You may attach additional sheets to this form, together with copies of any documentation in support of your appeal. Please note that your grounds for appeal and any documents you wish to rely on should be submitted in advance of the day of the hearing. Any failure to do so, may result in a delay in the hearing or reaching a decision.**

(Please continue on additional sheets, if necessary)

**SECTION 6:**

**You are encouraged to attend the hearing of your appeal so that the Panel can discuss with you the particular circumstances of your appeal. If you decide to attend you may do so with a representative or friend. If you do not wish to attend your appeal will be decided on the basis of your written representations.**

I/We wish to attend the appeal hearing

I/We do not wish to attend the appeal hearing and wish for my appeal to be heard on the basis of my written submissions.

A representative/supporter will attend the hearing with me.

His/her address is:-

.....  
.....  
.....  
.....Post code.....

You will generally be given 10 working days notice of the date of your hearing. Are you agreeable to shorter notice being given so that your appeal is heard sooner. Yes/No

**SECTION 7: DECLARATION**

1. I/We certify that the information given on this form is correct.
2. I/We have checked that all those with parental responsibility are in agreement with the information presented on this form.
3. I/We certify that the information given may be circulated to members of the Appeals Panel.

**Your Signature:**

**Date:**

Please return this form to:-

Leicestershire County Council  
Clerk to the Independent Appeal Panel  
County Solicitor,  
County Hall, Glenfield,  
Leicester LE3 8RA  
Fax Number: 0116 3056161

**LEICESTERSHIRE COUNTY COUNCIL**

**SCHOOL APPEAL PANEL**

**EQUALITY MONITORING**

Leicestershire County Council is fully committed to providing high quality services fairly and without discrimination to all sections of the community. We would be very grateful if you could complete the equality monitoring form below. This will help us in our aim of continuing to improve the quality of our services for everyone.

**The details you supply will be stored separately to the information provided in connection with your appeal submission and will not be seen by the Panel that considers your appeal. The information you provide will remain confidential.**

My Ethnic Origin is: (tick <input checked="" type="checkbox"/> the box that describes your ethnic origin most closely)				
White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>
Other White <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	<i>please state:</i>
<i>please state:</i>	Other Mixed <input type="checkbox"/>	Other Asian <input type="checkbox"/>	<i>please state:</i>	_____
_____	<i>please state:</i>	<i>please state:</i>	_____	_____

Thank you for your assistance.

County Solicitor  
Leicestershire County Council