APPEAL AGAINST ADMISSION DECISION

Please complete in **BLOCK LETTERS AND BLACK INK or TYPE**

I/We wish to appeal against the decision of the Governors of The Judd School not to offer my child a place at the school.

- 1 Full name of your child
- 2 Date of birth:
- 3 Title (please tick) Full name of parent(s) or guardian(s):
- 4 Relationship to child
- 5 Home address:
- 6 Home telephone number:
- 7 Mobile telephone number:
- 8 E mail address:
- 9 Name of school offered/allocated:
- 10 Does your child have a disability?
- 11 I wish to attend my appeal in person If no, do you wish the appeal to be heard using the information on this appeal form and accompanied papers?
- Name and capacity of other persons 12 who will accompany you to the hearing.
- Please tell us if you have a disability and 13 need assistance or have any other concerns regarding access.
- If you need an interpreter, please bring a friend/relation as we find that people 14 you know make better translators.
- Does your child currently have a statement 15 of Special Educational Needs?
- Are there any days of the week when you 16 would not be able to attend a hearing? Are you happy to receive less than 14 17 days' notice of your hearing?

	ar nearing :
Office use only	Date Received

Date Month Year Mr Mrs Ms Other Other Please Parent Guardian state Postcode Yes No Tick appropriate box) Yes No Yes No Yes/No/ Bringing Not friend/relative applicable Yes No Yes No

Ack sent E/P

My reasons for appealing are: The Appeals Code states that you MUST give your reasons when lodging your appeal. Please ensur to include why you believe that your child's needs can only be met by attending this school.	

RETURN THIS FORM TO

EMAIL: <u>clerk@educationappeals.com</u> Or POST: Clerk to the Independent Appeal Panel (Ref MS)

PO Box 367, Cuffley, Herts, EN6 4XZ

Declaration and Signature of Parent/Carer

- Having been refused a place at the school name overleaf, I wish to exercise my right of appeal under the School Standards & Framework Act 1998.
- I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I
 have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my
 hearing date.
- I agree for my data to be stored electronically and to be contacted by post, email and telephone

Signed:

18

Date: