

Katherine Semar Infant & Junior Schools

Ross Close, Saffron Walden CB11 4DU

01799 521720 (Infant) & 01799 521120 (Junior)

www.katherinesemar.net

Executive Headteacher: Mrs Julie Puxley

Please read **A Guide to School Admission Appeals** on our school's website before completing this form.

SCHOOL ADMISSION APPEAL NOTICE OF APPEAL FORM

I am appealing for a place at:

and would like my child to start: *(date)*

Child's full name:

Male or Female: *(delete as appropriate)*

Child's date of birth:

My name *(Mr. Mrs. Miss, Ms other):*

My relationship to the child is: *(parent, guardian, relative)*

Current address: *(including Post Code)*

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I am in the process of buying/renting a new property. I attach a copy of a letter from my solicitor/copy of my tenancy agreement confirming my new address and the date on which I expect to move in.

Contact details:

Telephone (home)

Telephone (work)

Mobile:

Email: *(please write clearly)*

(if you supply an email address we will acknowledge your application by email)

My child currently attends *(name of school or nursery):*

My child is currently in year group:

My child has been offered a place at: *(name of school)*

To begin in year group:

Please list the schools you have applied for:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Please tick one of the following boxes to indicate attendance at the appeal hearing:

I will attend the appeal hearing:

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I will NOT be able to attend the appeal hearing but someone will attend on my behalf:

Please give details of the person attending on your behalf:

Name:

Relationship to the child, if any:

Email:

Telephone:

I will NOT be able to attend the appeal hearing and understand that the panel will base the decision on my written reasons and evidence:

Please tick the box if you are happy to waive your rights to 10 school days' notice of your appeal hearing. This may enable us to timetable your appeal earlier than otherwise expected.

I am happy to waive my rights:

I am not happy to waive my rights:

I will need a signer or interpreter who speaks the following language at the appeal hearing:

Signer

Interpreter

Please state language.....

I have a disability and need the following adjustments made at the venue:

.....

Reasons for appeal: (you must complete this section):

- Give full reasons for your appeal and continue on a separate sheet if necessary.

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- **Attach any additional paperwork securely.**
- **If your appeal is for an Infant Class Size Refusal, please 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 Admissions Authority would have made in the circumstances of the case.**

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Declaration:

All information given is correct to the best of my knowledge and I am the person with parental responsibility for the child named on this form.

Signed

Date

If you are producing additional paperwork, please list it below:

	<u>Description of paperwork</u>	<u>Attached</u>	<u>Sending later</u>
1.			
2.			
3.			
4.			
5.			
6.			

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Please return your completed form marked **Private and Confidential** to:

**Admissions Office
Katherine Semar Schools
Ross Close
Saffron Walden
Essex
CB11 4DU**

We cannot be held responsible for forms that are lost in the post, sent or delivered to other locations.