



APPEAL AGAINST INFANT CLASS SIZE ADMISSION DECISION

Please complete in **BLOCK LETTERS AND BLACK INK** or **TYPE**
I/We wish to appeal against the decision of the Governors of St Mary Magdalene Academy not to offer my child a place at the school.

1	Full name of your child								
2	Date of birth	Date		Month		Year			
3	Title (please tick)	Mr		Mrs		Ms		Other	
	Full name of parent(s) or guardian(s):								
4	Relationship to child	Parent		Guardian		Other Please state			
5	Home address								
6	Home telephone number								
7	Mobile telephone number								
8	E mail address								
9	List schools applied for and order of preference	1		4		2		3	
10	Allocated school (state current if in year appeal)					Current/allocated <small>please delete</small>			
11	Does your child have a disability?	Yes		No		<i>Tick appropriate box</i>			
12	I wish to attend my appeal in person	Yes		No					
13	Name and capacity of other persons who will accompany you to the hearing.								
14	Please tell us if you have a disability and need assistance or have any other concerns regarding access								
15	If you need an interpreter, please bring a friend/relative as we find that people you know make better translators	Bringing friend/relative		I cannot bring a friend relative and require a translator.		<small>Please state language</small>			
16	Does your child currently have an Education Health Care Plan (Statement) ?	Yes		No					
17	Are there any days of the week when you would not be able to attend a hearing?								
18	Are you happy to receive less than 14 days notice of your hearing.	Yes		No					

Office use only	Date Received		Ack sent E/P	
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19	Current legislation only allows an appeal panel to uphold your appeal on one or more of the following grounds :
	a) My child was wrongly refused a place in error as the admission rules were not followed properly. b) My application was considered in such a way that it was contrary to the mandatory provisions of the School Admission Code. c) The decision reached was unreasonable in a legal sense .
	Reasons for a)
	Reasons for b)
	Reasons for c)
Please continue onto a sheet of A4 paper if necessary	

Return this form no later than 4pm on Monday 20 May 2019 to:
 email: birte.rohloff@smmacademy.org
 or post: Birte Rohloff, Admissions Registrar
 St Mary Magdalene Academy, 475 Liverpool Road, London N7 8PG

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, e mail and telephone. I agree to copies of paperwork submitted to be sent to panel members and the school you are appealing for a place.
- **I enclose two household bills with proof of address dated within the last three months. e.g. Council Tax, bank statement, rent book, telephone bill, water bill.**

Signed

Date