



## APPEAL AGAINST AN 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 carer(s):						
4	Relationship to child	Parent		Carer		Other Please state	
5	Home address:						
		Postcode					
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?	Yes		No		Tick appropriate box)	
11	I wish to attend my appeal in person	Yes		No			
	If no, do you wish the appeal to be heard using the information on this appeal form and accompanied papers?	Yes		No			
12	Name and capacity of other persons who will accompany you to the hearing.						
13	Please tell us if you have a disability and need assistance or have any other concerns regarding access.						
14	<b>If you need an interpreter, please bring a friend/relation as we find that people you know make better translators.</b>	Bringing friend/relative	Yes/No/ Not applicable				
15	Does your child currently have a statement of Special Educational Needs?	Yes		No			
16	Are there any days of the week when you would not be able to attend a hearing?						
17	Are you happy to receive less than 14 days notice of your hearing.	Yes		No			

<b>Office use only</b>	Date Received	
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18	Current legislation only allows an appeal panel to uphold your appeal on one or more of the following grounds :
	<p>a) My child was wrongly refused a place in error as the admission rules were not followed properly.</p> <p>b) My application was considered in such a way that it was contrary to the mandatory provisions of the School Admission Code.</p> <p>c) The decision reached was unreasonable in <b>a legal sense</b>.</p>
	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 Tuesday 15 May 2018 (Reception Appeals) to:**  
 email: [birte.rohloff@smmacademy.org](mailto: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/we enclose two utility bills with proof of address dated within the last three months. e.g. Council Tax, telephone bill, water bill.**

Signed:

Date: