

# School admission appeal

Please refer to the [guidance notes](#) to complete this form

<p>1. Please return the form to:</p> <p><a href="mailto:appeals@northyorks.gov.uk">appeals@northyorks.gov.uk</a></p> <p>Admission Appeals Office North Yorkshire Council County Hall Northallerton DL7 8AD</p>	<p>Please return your appeal form and supporting documents by email wherever possible.</p> <p>All correspondence from the appeals team will be conducted by email wherever possible.</p> <p>Please only use post if you do not have access to email.</p>				
<p>2. Name of school appealed for</p>					
<p>3. Name of child</p>	<p>First name(s):</p> <p>Surname:</p>				
<p>4. Date of birth</p>		Age		Sex	M / F
<p>5. Name of school allocated</p>					
<p>6. Name(s) of appellant(s)</p> <p>(1) Title (Dr/Mr/Mrs/Miss/Ms):</p> <p>First name:</p> <p>Surname:</p> <p>Relationship to child:</p> <p>Telephone number(s):</p> <p>Evening:</p> <p>Daytime:</p> <p>Email:</p>	<p>7. Home address</p> <p>House number/name:</p> <p>Street:</p> <p>Postal town:</p> <p>County:</p> <p>Postcode:</p>				

<p>(2) Title (Dr/Mr/Mrs/Miss/Ms):</p> <p>First name:</p> <p>Surname:</p> <p>Relationship to child:</p> <p>Telephone number(s):</p> <p>Evening:</p> <p>Daytime:</p> <p>Email:</p>	<p>If different from above</p> <p>House number/name:</p> <p>Street:</p> <p>Postal town:</p> <p>County:</p> <p>Postcode:</p>
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8. Do you wish to attend the appeal hearing?

All appeal hearings take place remotely by video conference

Yes/No (delete as appropriate)

9. Please state any dates and/or times when it **would not** be possible for you to attend.

10. You are legally entitled to 10 school days' notice of the date of your appeal. Occasionally, it might be possible to arrange your appeal in a shorter time period. If this is the case, would you be willing to give up your right to 10 days' notice of the appeal hearing?

Yes/No (delete as appropriate)

11. If you have any access or language issues that may be relevant to your participation in an appeal hearing, please note them below.

12. The grounds upon which I make this appeal are as follows:

(Continue if necessary on separate sheets)

## Supporting evidence for your appeal

If you intend to rely upon special social or medical reasons for admission as part of your appeal, you are strongly advised to provide independent supporting evidence from a relevant professional person for the appeal panel to take into account when they consider your case.

Parents are strongly advised to provide independent supporting evidence for the appeal panel to take into account when they consider your case, where this is appropriate to the reasons for the appeal and available. In balancing the arguments on either side in order to come to a decision on your appeal, the panel must take account of your reasons for expressing a preference for the school, including considering what the school can offer your child that the current school or other schools cannot offer.

If you wish to submit any additional written evidence or any supporting documents or letters which you are not able to send with your appeal form, please do so as soon as possible.

13. Are you intending to move house? If so date of move

House number/name:

Street:

Postal town:

County:

Postcode:

New telephone number:

14. Signed:

Dated: