SCHOOL ADMISSION APPEAL

# PLEASE REFER TO THE GUIDANCE NOTES TO COMPLETE THIS FORM

<https://www.northyorks.gov.uk/education-and-learning/school-admissions/appeal-school-place>

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| **1. PLEASE RETURN THE FORM TO:****appeals@northyorks.gov.uk****Admission Appeals Office North Yorkshire Council County Hall NORTHALLERTON****DL7 8AD** | **Please return your appeal form and supporting documents by email wherever possible.****All correspondence from the appeals team will be conducted by email wherever possible.****Please only use post if you do not have access to email.** |
| **2. NAME OF SCHOOL APPEALED FOR:** | …………………………………………………………... |
| **3. NAME OF CHILD:** | **FIRST NAME(S)**. **SURNAME:** |
| **4. DATE OF BIRTH:** |  | **AGE:** |  | **SEX:** | **M** / **F** |
| **5. NAME OF SCHOOL ALLOCATED:** | ………………………………………………………….... |
| **6. NAME(S) OF APPELLANT(S):**(1) TITLE (DR/MR/MRS/MISS/MS) FIRST NAME:SURNAME: RELATIONSHIP TO CHILD: TELEPHONE NUMBER(S) EVENINGDAY TIMEE-MAIL ADDRESS(2) TITLE (DR/MR/MRS/MISS/MS) FIRST NAME:SURNAME: RELATIONSHIP TO CHILD: TELEPHONE NUMBER(S) EVENINGDAY TIMEE-MAIL ADDRESS | **7. HOME ADDRESS:**HOUSE NO/NAME: STREET:POSTAL TOWN: COUNTY:POST CODE:**IF DIFFERENT FROM ABOVE**HOUSE NO/NAME: STREET:POSTAL TOWN: COUNTY:POST CODE: |

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| **8. DO YOU WISH TO ATTEND THE APPEAL HEARING?****PLEASE NOTE ALL APPEAL HEARINGS TAKE PLACE REMOTELY BY VIDEO CONFERENCE.**YES  NO  |
| **9. PLEASE STATE ANY DATES AND/OR TIMES WHEN IT WOULD NOT BE POSSIBLE FOR YOU TO ATTEND?** |
| **10. WOULD YOU BE WILLING TO GIVE UP YOUR RIGHT TO 10 SCHOOL DAYS NOTICE OF THE APPEAL HEARING?**YES  NO  |
| **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) |

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| **13. ARE YOU INTENDING TO MOVE HOUSE? IF SO DATE OF MOVE ...................................**HOUSE NO/NAME: STREET:POSTAL TOWN:COUNTY:POST CODE:NEW TELEPHONE NUMBER |
| **14.** THIS FORM IS ACCOMPANIED BY CONTINUATION SHEETS. |
| **15**. SIGNED:DATED: |

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