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**](mailto: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) EVENING  DAY TIME  E-MAIL ADDRESS  (2) TITLE (DR/MR/MRS/MISS/MS) FIRST NAME:  SURNAME: RELATIONSHIP TO CHILD: TELEPHONE NUMBER(S) EVENING  DAY TIME  E-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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