



School Admission Appeal Form

Please use this form if you wish to appeal for a place in
Year 3 to Year 11

Section A – General Information

Appeal for Admission to:

Please write name of school you wish your child to attend

Child's Details

First name:

Last name:

Child's Gender:

Date of Birth:
(DD/MM/YYYY)

School now attending / Last school attended:

Allocated School:

Your Details

Title:

First Name:

Last Name:

Your relationship to child:

I confirm I have parental responsibility for this child

(Please tick)

Postal Address:

Email Address:

Daytime Telephone Numbers:

Do you intend to be present at the hearing? Yes/ No

N.B. If you choose not to attend your appeal will be considered by the Panel on the information supplied by you.

Do you intend to be accompanied to the hearing by a representative or have someone attend on your behalf? Yes/ No

If yes, please provide the name of your representative and confirm their relationship to you e.g. legal representative, friend, grandparent etc.:

Do you need an oral or BSL interpreter to attend the appeal hearing? Yes/ No

If yes, state the language which the interpreter will need to speak:

Please tell us if you have any mobility issues/ access requirements:

We will always seek to accommodate any requirements and hold hearings in an accessible room

If you have any other children of school age please list their full name, age and school:

Section B - Grounds for appeal

The following questions are here to assist you in providing relevant information for the Panel to consider. You may provide additional information or leave any of the boxes blank if you prefer.

Application of the admissions criteria

Do you feel that the Admission Authority correctly applied the admission criteria, as published in the admission booklet, when processing your application? If you feel the criteria has not been correctly applied to your application, please state below the error that you feel has been made:

Additional Support

Has your child been identified as requiring additional support in any area?
Please provide details...

Please state why you believe that your preferred school is the only school in the city where this support can be provided:

Preferred School

Please set out why you believe your child should be admitted to the school you are appealing for:

Additional Information

Please provide any additional information you would like the panel to be aware of:

Please return this form along with any supporting evidence to:

Clerk to the Independent Appeal Panel
Room 167
Hove Town Hall
Hove
BN3 3BQ

If you have any queries please contact the school appeals team:

SchoolAppeals@brighton-hove.gov.uk

(01273) 291228 or 290569

An electronic copy of this form can be found on the Brighton and Hove City Council Website at <https://www.brighton-hove.gov.uk/content/children-and-education/school-appeals> or by searching 'School Appeals' from the home page.

March 2017