

NOTICE OF APPEAL for SHOEBURYNNESS HIGH SCHOOL

I wish to appeal the decision of the admission authority to refuse my child a place at Shoeburyness High School

SECTION 1

PUPIL DETAILS (Please print)

Surname	<input type="text"/>		
Forename (s)	<input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

SECTION 2

PARENT / CARER'S DETAILS

Mr/Mrs/Miss/Ms (or other)	<input type="checkbox"/>	Forename	<input type="text"/>	Surname	<input type="text"/>	
Telephone no. Home	<input type="text"/>	Work	<input type="text"/>			
Mobile	<input type="text"/>	Relationship to child	<input type="text"/>			
Do you have parental responsibility for this child					Yes <input type="checkbox"/>	No <input type="checkbox"/>

Address if different to Section 1	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>		

SECTION 3

CURRENT SCHOOL INFORMATION

Current School and address of school	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		
Has your child been offered a place at any school?	Yes <input type="checkbox"/>				No <input type="checkbox"/>
If yes, name of School	<input type="text"/>				
Have you accepted the school place offered?	Yes <input type="checkbox"/>				No <input type="checkbox"/>
When do you want your child admitted to your preferred school?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4**SIBLINGS**

Do you have any other school age children (Age 5-18?)

Yes

No

If **YES** please provide details below:

Name of Child	Date of Birth	Year Group	School attending

SECTION 5**APPEAL PANEL HEARING**

Will you be attending the Appeal Panel Hearing to present your own case?

Yes

No

If **YES**, will anyone else be coming with you?

Yes

No

If **YES**, please confirm their name and indicate whether they are representing you in a legal capacity, e.g. a Solicitor:Mr/Mrs/Miss/Ms
(or other)

Forename

Surname

Capacity of
Representation

If you confirm that you will be attending the meeting of the Appeal Panel but then, having failed to give a reasonable explanation do not do so, the Appeal Panel will proceed in your absence and make their decision on the basis of your written case.

If you confirm that you will not be attending the Appeal Panel hearing, your case will be considered by the panel on the basis of whatever you have written on this form together with any other correspondence you may have had with the admission authority regarding your application for a school place. It is, therefore, vital that you include in your written submission all of the information you wish to be considered by the Appeal Panel.

SECTION 6**ARRANGEMENTS FOR THE HEARING**

In order that the clerk to the panel may make appropriate arrangements prior to the Appeal Hearing please confirm the following:

Do you require the services of an Interpreter?

Yes

No

If **YES** what is your first language?

Do you require the services of a sign interpreter?

Yes

No

Do you use a wheelchair or have mobility difficulties?

Yes

No

Are you blind or partially sighted?

Yes

No

If you will be attending the hearing, are there any dates in the next 2 months which will prove difficult for you? If so please give details; every effort will be made to avoid these dates although no guarantees can be given.

In order to ensure that the Appeal Panel is totally independent, please detail below any schools in the Borough that you have any connection with:

School	Reason for Connection

SECTION 7	APPEAL HEARING NOTICE
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The Admission Appeals booklet confirms that the clerk to the Appeal Panel must provide you with details of the date and arrangements for the hearing no later than 10 school days before the hearing. If, however, a hearing date becomes available at shorter notice it may not be possible to give parents the full amount of notice. In this situation, would you be willing to accept less than 10 school days notice?

Yes No

SECTION 8	REASONS FOR YOUR APPEAL
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Please give below the reasons for your appeal continuing on a separate sheet of paper if necessary. Any additional documentation you feel would be relevant to your appeal must also be attached to this form and will be made available to the Appeal Panel (please use additional paper if required).

I confirm that the information I have given on this form is true and correct

Signed		Name (please print)	
Relationship to child		Date	

NOTES:

If your appeal is unsuccessful you may not appeal for the same school within the same academic year unless there has been a significant and material change in either your circumstances or the circumstances of the school and your application has still been refused.

The acceptance of a place at an alternative school does not affect your right of appeal.

An appeals booklet with further details is available on our website www.shoeburynesshigh.co.uk

Fair Processing Notice

The information provided by you will be held and processed by Shoeburyness High School in accordance with the Data Protection Act 1998. It will be used for its intended purpose but may also be used for internal statistical analysis as well as being processed and disclosed for the prevention or detection of crime, assessment of tax or where we have a legal obligation to do so. We may also need to share your information with a third party, such as a contractor, in order for them to provide the service you have requested. However, the Council requires any third parties to abide by the Data Protection Act 1998 when they process your data on our behalf and to follow our procedures or instructions. Your information will be held and disposed of in line with the Council's Document Retention and Disposal Guidance. You are entitled to copies of any information that the Council holds about you. This can be obtained by making a request in writing by using a Subject Access Request form.

**Once completed this form must be returned to the
Admission Appeals Department
Shoeburyness High School
Caulfield Road
Shoeburyness
Essex SS3 9LL**