

Admissions Appeal Form

This form should be completed if you wish to appeal against the decision of the admissions authority not to offer your child a place. Before filling in this form, you must have received written notification that your child has not been offered a place. Parents wishing to appeal against non-admittance to any other schools should contact those schools directly. If your child has an Education and Health Care Plan (EHCP) or a Statement of Special Educational Needs, you should contact the Local Authority instead of completing this form. If your child is offered a place after you submit this form, please let us know as soon as possible.

Type of application you're appealing

There are two types of school admission - main round admissions and in-year admissions.

1) Main round admissions

Main round admissions refer to the 'main intake' of children who are due to start school in September. This applies to children who are aged 4 or 5 and ready to start primary school, and children in year 6 who are ready to start secondary school.

2) In-year admissions

In-year admissions refer to when children are applying for a school place to start at a school at a time other than the September start; outside of the 'main intake' of pupils, including:

- Children who are out of school and require an immediate school place.
- Children who are currently attending a school but want to transfer to a different school

Please select whether you're appealing a main round or in-year application

Childs details

Please select from the list below the name of the Ark School that you applied for. (If appealing for multiple schools, please complete this form for each school)

Year Group for which you have been refused admission

Your child's first name

Child's surname

Gender

Please give details of the school your child presently attends, if any:

Date of Birth



Does your child have a disability?

Yes No

In this box, please give your reasons for appealing against the decision not to offer your child a place, giving as much information as possible to explain your case

Appeal Hearing

I will be attending the appeal hearing (if you cannot attend, the appeal will be heard in your absence)

Yes No

If you plan to attend the hearing, please indicate any dates or times of day when you would be unavailable. Please be note that although every effort will be made to avoid these days/dates when scheduling your appeal, it may not be possible to do so

I will bring a friend/relative

Yes No

You have a statutory right to 10 school days notice of the appeal hearing date, but this can be waived. This may enable us to hear your appeal more quickly. I agree to waive the right to 10 school days notice of the hearing date

Yes No

Do you need an interpreter to attend the hearing?

Yes No

Please specify language if interpreter is needed

Your details

Title

Your first name

Your surname

Your relationship to the child:(e.g. parent/legal guardian)

House / Flat number and Street

Town / City

Postcode

Email Address

Daytime phone number

Evening phone number

Confirmation

I confirm the information provided in this form is accurate

Yes No

Supporting Documents

You can upload supporting Microsoft Word or PDF documents

Upload

or drag files here.

Submit