




NOTICE OF SCHOOL ADMISSION APPEAL

[for community, voluntary controlled and maintained by Durham County Council] and academies (non faith)

EQUAL OPPORTUNITIES

We are committed to treating everyone fairly, with courtesy and respect. We realise that everyone is different and your needs might be different. However everyone should receive the same quality of service both from the County Council and the Members of the Appeal Panel, who are independent of the County Council.

Please ask us if you would like this document summarised in another language or format.		
العربية (Arabic)	(中文 (繁體字)) (Chinese)	اردو (Urdu)
polski (Polish)	ਪੰਜਾਬੀ (Punjabi)	Español (Spanish)
বাংলা (Bengali)	हिन्दी (Hindi)	Deutsch (German)
Français (French)	Türkçe (Turkish)	Melayu (Malay)
 Braille	 Audio	 Large Print

Tel: 03000 269 702

e-mail: schoolappeals@durham.gov.uk

Will you require an “Interpretation Service” for your case to be stated on your behalf at the appeal hearing?

If your answer to the above question is “Yes” please specify what interpretation Service you require

Will you require any of the following to enable you to attend the appeal hearing?

Access arrangements for a wheelchair to the building and the room where the hearing will take place	YES / NO
A hearing loop to enable you to actively participate in the deliberations	YES / NO
Please specify any other personal requirements	YES / NO



NOTICE OF SCHOOL ADMISSION APPEAL

for community and voluntary controlled schools maintained by Durham County Council] and academies (non faith)

PLEASE COMPLETE ALL SECTIONS – You should refer to the “Composite Prospectus for Primary or Secondary School Admissions in County Durham” for advice about the completion of this Notice of Appeal.

*If you are appealing for a place in Year 7 for a September start, to ensure that your appeal will be heard with applicants for the same school by the end of the Summer term, you need to submit your appeal by **12 April**.*

*If you are appealing for a place in Reception or Year 3 for a September start, to ensure that your appeal will be heard with applicants for the same school by the end of the Summer term, you need to submit your appeal by **17 May**.*

Full name of Child:	
Child’s Date of Birth:	
Sibling Link(s) (at preferred school):	
Sibling(s) Date of Birth:	

Parental Address: Proof of the address must be provided to show where the child will be living at the time when the child will take up the place at the preferred school (if not recently provided with application/transfer form) – see paragraph 4 of Section B “How to Appeal” in the Parents’ Guide.	
Address:	
Post Code:	
Approximately how long have you lived at this address:	
Present School: (or previous school if not currently attending school)	

Decision appealed against - allocation of school or refusal of admission to a particular school.	
If you have received a decision who is it from, and what is the reference on it?	
What is the date of the decision?	

Please state which school you wish your child to attend – this should not include any school which has already been offered to you.	1. 2. 3.
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The Grounds for Your Appeal - please state all reasons why you believe the decision is unacceptable, including any religious or philosophical arguments you would wish to present to the Panel

Please Note:
In respect of a child with a Statement of Special Educational Needs, an Education, Health and Care Plan, or a child undergoing a statutory assessment of Special Educational Needs, decisions regarding placement are made by the Local Authority (LA) through the Statutory Assessment and Review procedures. Parental right of appeal is, therefore, to the Special Educational Needs and Disability Tribunal (SENDIST) and not to the Admission Appeals Panel.

Please detail the grounds for appeal below, using extra pages if necessary.

You have a right to attend the appeal hearing and state your case

Do you intend to be at the appeal hearing?	YES / NO
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If the answer to the previous question is “No” please complete this section

Do you wish your appeal to be considered on the basis of this notice and any further written statement from you? If you make any further statement please send it with this notice.	
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Do you wish to be represented at the appeal hearing, e.g. by a friend or solicitor?	
YES / NO	
If “yes” please give the Name, address and telephone number of the representative.	Name Address Tel No:

Names of parents (or other persons making the appeal)	
Address	
Telephone Number	
email address	
Signed	

This notice is to be sent or delivered to the Committee Services, Corporate Director, Resources, Durham County Council, County Hall, Durham, DH1 5UL, to arrive not later than 20 days after the date of the decision letter.

The form can also be emailed to schoolappeals@durham.gov.uk