



NOTICE OF APPEAL

Page 1 of 2

To: Mrs A Hone
Chair of Governors
St. John's C of E (Aided) Primary School
Jubilee Road
Shildon
Co. Durham
DL4 2EQ

Notice of Appeal against refusal of a School Place in Reception class: for the academic Year 2023/24.

I wish to appeal against the decision of the Governing Body not to allocate my son/daughter*
_____ (name of child) a place at St. John's C of E (Aided) Primary
School.

Male/ Female*

Date of Birth of Child: _____

I wish my son/daughter* to be allocated a place at the above School. My reasons for this preference are as follows: -

(You may continue on the reverse of this sheet or on a separate sheet if necessary)

My child is currently attending _____ School.

Details of other children in the family:

Forename (s)	Surname	DOB	School Attending

Please delete as appropriate: * Delete as appropriate

- | | |
|---|---------|
| a) I wish to put my case to the Appeal Panel myself (or with my spouse/partner) | YES/ NO |
| b) I wish to put my case to the Appeal Panel myself and would like to be accompanied by a friend (other than my spouse/partner) | YES/ NO |
| c) I wish my representative to put my case to the Appeal Panel. (This may be a solicitor or another person you chose) | YES/ NO |
| d) I will require a translator to be present at the Appeal Hearing | YES/ NO |

NOTICE OF APPEAL

Please Note: if you appoint a representative you will be responsible for any costs involved.

It is strongly recommended that you attend but, if for some reason you are unable to do so, the Appeal Panel can decide your appeal in your absence on the basis of any written information you may have sent beforehand. It is therefore important to you to give as much information as possible when completing this form.

The name of my representative is (surname in block capitals first):-

(Surname) (Forenames or Initials, if known)

His/ her address is:-

Postcode: _____

_____ Daytime Telephone Number: (_____) _____

Details of Parent/ Guardian

I am the child's Parent/ Guardian*

Name: (Mr/Mrs/Ms/Miss*)

Address: _____

Postcode: _____

Telephone No: (_____) _____

Signed: _____ Date: _____

IMPORTANT:

If you wish to submit any evidence in support of your appeal i.e. medical, educational etc., it is your responsibility to ensure that such evidence is attached to the appeal form or is submitted in time for inclusion in the appeal documentation (approximately 10 school days prior to the appeal hearing). If the evidence is not submitted the Panel will make a decision in its absence.