Appeal against refusal of a school place – Class Years 3-11 (Key stage 2-4)



If you have been refused a place at a school you have the right to appeal to an Independent Appeals Panel. Please be aware there are limited grounds that can be considered by an Appeals panel and only a small number of Appeals each year are successful.

Before applying, please read the Appeals guidance carefully to understand your chances.

Please ensure you complete and return both pages of this form. If you are completing your form by hand, please write clearly and in dark ink, as it will be copied.

Which school is this Appea	al for?					
What is the name of the ch	ild that was refused the	place?				
First name	Surname					
Date of birth / /	(day/month/year)	Gender	Boy		Girl	
Current school						
Please provide your name	and contact details					
Title First name	Su	rname				
Current address						
			Postcode	e		
Phone number	ne number Mobile number					
Email address						
Please provide the names of school (this can include for	•	•	ates of b	irth, aı	nd thei	r current
Child's name	Date of birth	Schoo	l			
Child's name	Date of birth	Schoo	l			
Child's name	Date of birth	Schoo	I			

Please clearly set out the detailed reasons for your appeal in the text bo	Please clearl	v set out the detailed	reasons for your	appeal in the text bo
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You are advised to provide additional evidence to support your Appeal. This must be directly related to the grounds for Appeal that the panel can lawfully consider. At the Appeals Hearing, you will be required to present your case to the panel and answer questions about the information provided.

You must submit any supporting evidence with your Appeal form, or confirm to the Appeals Clerk that additional evidence will be forwarded at a later date. All evidence must be received by the Appeals Clerk before the date of your Appeal Hearing or it may be ruled inadmissible by the panel.

I wish to appeal against the decision not to admit my child to this school because:

To help us process your Appeal efficiently please give us the following information Do you have any accessibility requirements (communication, access etc)? Please state these I need an interpreter to help me at the Hearing (please state which language) I need papers in LARGE PRINT I confirm that the statement above is truthful and I understand that any additional evidence to support this appeal must be provided before the date of the hearing or may be ruled inadmissible by the Appeals Panel. Parent/carer signature_____ Date Please return your form to: Clerk to the Appeals Panel, Complaints and Customer Relations Team, Newcastle City Council, Floor 4, Civic Centre, Newcastle upon Tyne NE1 8QH. Email: schoolappeals@newcastle.gov.uk Phone: 0191 277 7427 Please note that generally we do not acknowledge receipt of your school Appeal, however once we receive your Appeal we will begin to process it. We endeavor to schedule your Appeal as