

School admissions appeal form

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This Appeal Form should be completed if you wish to appeal against a decision made by the Council in respect of the allocation of a school place for your child. Before completing the Appeal Form you are advised to read the enclosed “Notes of Guidance”.

**I wish to appeal for a place for my child at:**

| **Name of School:** |  |
| --- | --- |

Child’s Details

|  |  |
| --- | --- |
| **Last Name:** |  |
| **First Name(s):** |  |
| **Full Address:** |  |
| **Date of Birth:** |  |
| **Gender:** | **Male/Female** |

Parent/Guardian/Carer Details (Please state Mr/Mrs/Miss full name for each parent)

|  |  |
| --- | --- |
| **Name of Mother:** |  |
| **Daytime Telephone No:** |  |
| **Name of Father:** |  |
| **Daytime Telephone No:** |  |
| **Name of Guardian/Carer if different from above**  **(Please delete as appropriate)** |  |
| **Daytime Telephone No: if different from above** |  |

Previous/Current/Allocated School Details

|  |  |
| --- | --- |
| **Name of School Previously or Currently Attending:** |  |
| **Name of School Allocated by the Council’s Admissions Team:** |  |

## Medical Grounds

I enclose a Medical Certificate or Doctor’s/Hospital letter relating to my child

□ **Yes** □ **No**

Interpreter/Communicator:

|  |  |
| --- | --- |
| If you require an Interpreter/Communicator, please specify the language and dialect required. |  |

## Friend/Supporter

|  |  |
| --- | --- |
| Name any friend/supporter you intend to bring to the hearing. |  |

## Changes of Address

If you are planning to move address in the near future, please indicate your new address below and state the date you will be moving:

|  |  |
| --- | --- |
|  | Date of planned move: |

Please specify below any dates that you are **not** available to attend an appeal hearing:

# Grounds for Appeal

|  |
| --- |
|  |
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|  |
|  |
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|  |
|  |
|  |
|  |
|  |
| Please continue on a separate sheet if required |

I understand that an Independent Appeal Panel will hear my appeal, which I have the right to attend. I certify that the information I have given on this Appeal Form is correct. I understand that any false or deliberately misleading information on this Appeal Form and/or in any supporting documentation or other information may render this appeal invalid or lead to any offer of a place being withdrawn.

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
|  |  |
| **Relationship to pupil:** |  |

**Do you have parental responsibility for the pupil? □ Yes □ No**

If you have answered “No” above then this form must be signed by the person who has parental responsibility.

|  |  |
| --- | --- |
| **Signature:** |  |

|  |  |
| --- | --- |
| **Date:** |  |

##### For office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received** *(date stamp)* | **For Legal Department Use** | | |
|  |  |  |  |

**This form should be returned within 10 school days of receiving it. Forms received after that time may mean your appeal hearing will be delayed.**

**Please return to:**

**Luton Council  
School Appeals Team  
Town Hall  
George Street  
Luton  
LU1 2BQ**