

Independent School Appeals Service  
Democratic Services

**School Appeals (Democratic Services)**  
**Hounslow House**  
**7 Bath Road**  
**Hounslow TW3 3EB**

Parent/Carer

Your contact: Joti Patel  
Direct Line: 020 8583 3356  
E-Mail: [joti.patel@hounslow.gov.uk](mailto:joti.patel@hounslow.gov.uk)  
Our ref: SA/TT                      Your ref:  
Date: as postmark

Dear Parent/Carer

**Re: Submitting your appeal registration form – In-Year Secondary Admissions- The Heathland School only**

Please note, to ensure that your appeal is not delayed, that all details have been completed. All appeals will be heard within 30 school days as required by the School Appeals code 2012. A timetable for Appeal Hearings is available on the Council website. A guide to appeals is available on the following link:

[https://www.hounslow.gov.uk/downloads/file/553/school\\_admissions\\_appeal](https://www.hounslow.gov.uk/downloads/file/553/school_admissions_appeal)

Decisions will be made as outlined in the School Appeals Code 2012 Section 3, which is a two stage process.

Stage 1 - examining the decision to refuse admissions

Stage 2 - balancing the argument

Completed forms should be sent to:

Clerk to the Appeals Panel  
Democratic Services  
Hounslow House  
7 Bath Road  
Hounslow, TW3 3EB

Incomplete/blank forms will be returned to you for completion if they are received without an outline of your main reasons for submitting an appeal.

If you are providing supporting documentation for your reasons for appeal, it would be helpful if this could also be sent to the Clerk to the Appeals at the address above at least **5 days** prior to the hearing. This would allow independent panel members sufficient time to review your written reasons. Additional supporting information submitted to the hearing may only be accepted at the Appeal Panel's discretion. If accepted, it may be necessary to adjourn the hearing to allow time for panel members to review your supporting information. This may cause a delay in any decision on your appeal, or require another hearing to be arranged. It is important for you as a parent/carer to be satisfied that the Appeals Panel has properly considered all your reasons before making a decision. It is important for you as a parent/carer to be satisfied that the Appeals Panel has properly considered all your reasons before making a decision.

Yours faithfully

Joti Patel  
School Appeals Co-ordinator  
Democratic Services  
London Borough of Hounslow



# London Borough of Hounslow

For Office Use Only:

Date Received:  
DEduc/School - Copy:  
SA Ref:

## SCHOOL ADMISSION APPEALS REGISTRATION FORM FOR IN-YEAR ADMISSIONS – SECONDARY THE HEATHLAND SCHOOL ONLY

**Please contact other schools directly for their appeal forms**

Please complete this form if you wish to appeal for a place for your child at a school at which the Admissions Authority is unable to offer you a place. Your appeal will be heard by an Appeals Panel who are totally independent of the Admissions Authority and have had no involvement with any decision made to date about your child.

To ensure your appeal is heard as soon as possible, please return this form to  
**Clerk to the Appeals Panel, Democratic Services, Hounslow House**  
**7 Bath Road, Hounslow TW3 3EB.**

**PLEASE PRINT CLEARLY IN BLACK INK AND COMPLETE ALL SECTIONS**

1. Child's details:

Forenames:

\_\_\_\_\_

Surname/Family name:

\_\_\_\_\_

2. Child's Date of birth \_\_\_\_\_ 3. Current School Year

4. Boy / Girl \_\_\_\_\_

5. Address

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

6. Present School (if not currently in School please state last school attended)

\_\_\_\_\_

7. Which school(s) do you want your child to attend? Please contact Academy and Free Schools directly for their appeal packs.

**Please Note: Parents and Carers can only lodge an Appeal for a place at a school which was one of the Applicant's preferences.**

1. The Heathland School

8. Please give your contact details:

Title: Mr, Ms, Miss, Mrs, Mr and Mrs, and Dr etc (Please delete as necessary).

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Postcode: \_\_\_\_\_

e-mail: \_\_\_\_\_ e-mail: \_\_\_\_\_

9. **Contact Telephone Number:** (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Mobile (1) \_\_\_\_\_ Mobile (2) \_\_\_\_\_

10. Please state whether you will be attending the appeal hearing.

Yes (tick) \_\_\_\_\_ No \_\_\_\_\_ (tick)

Do you require an interpreter at the hearing?

Yes (tick) \_\_\_ No (tick) \_\_\_ If yes, which language \_\_\_\_\_

11. Sometimes there is an opportunity to arrange your appeal at short notice. This means that you waive your right to proper notice (it should be 10 working days) Please tick yes if you agree to have an appeal at shorter notice.

Yes (tick) \_\_\_\_\_ No \_\_\_\_\_ (tick)

12. What are your reasons for appealing for a place at the school? What problems would be created if your child did not get a place at the school? The appeal will be considered in private and you are encouraged to put down as much information as possible (please continue on a separate sheet if necessary).

Please note that if you have already appealed you will not normally be allowed to appeal again for the same school - unless there have been substantial changes to your circumstances.

My reasons for appeal are:

**YOU MUST COMPLETE SECTION 12 AND SIGN THE FORM**

13. Your Name:

\_\_\_\_\_ (please print)

Signature \_\_\_\_\_

14. Date \_\_\_\_\_

**Please send this form to the Clerk to the Appeals Panel, Democratic Services,  
Hounslow House, 7 Bath Road, Hounslow, TW3 3EB**

***If you have any queries about the appeal, please contact Democratic Services  
020 8583 3356 or email: [schoolappeals@hounslow.gov.uk](mailto:schoolappeals@hounslow.gov.uk)***



# London Borough of Hounslow

Hounslow Council works within an Equal Opportunities Policy. We would like to monitor our work and ensure that our school appeals process does not discriminate against particular ethnic groups, and therefore would be grateful if you would fill in this form and return it with your appeal form.

Please tick the relevant category in respect of your child.

Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White European	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White UK	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White other	<input type="checkbox"/>
Black other	<input type="checkbox"/>			Other Group	<input type="checkbox"/>

Department for Education (DFEE) categories

The information provided will not affect the Appeal Committee's decision, as they will not be given the information. It will not be kept on individual records and will only be used to provide aggregated / general statistical data. Your name does not appear on this form.

Please return this form together with your completed appeal registration form to the Clerk to the Appeals Panel, Democratic Services, Hounslow House, 7 Bath Road, Hounslow TW3 3EB