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 85833356

E-Mail: 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 Infant Admissions

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

Section 1 of the School Standards & Framework Act 1998 (as amended by the Education Act 2002) and the Education (Infant Class Sizes) (England) Regulations 1998 limit the size of an infant class during an ordinary teaching session to 30 pupils per school teacher.

Sections 4 of the School Appeals Code 2012 requires an appeal panel to review the following when considering an infant class size appeal and can only uphold an appeal where it is satisfied that either:

- 1. That the child would have been offered a place if the admission arrangements had been properly implemented or as a result of admission arrangements which were contrary to mandatory provisions in the current School Admissions Code and the School Standards and Framework Act 1998; and /or
- 2. That the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case; and/or
- **3.** There would not be prejudice to the provision of efficient education or efficient use of resources.

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



1.

Child's name:

For Office Use Only:

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

SCHOOL ADMISSION APPEALS REGISTRATION FORM FOR IN-YEAR ADMISSIONS – INFANTS (RECEPTION, YEARS 1 AND 2)

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. Hearings are usually held during the day at Hounslow House.

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

Surname/family name: Date of birth		Current So	chool R 1 2 (please circl
Boy / Girl		i c ai	(piease circi
Address			
/ taa1000			
Address			
Present School (if not cui		Post	code
	rrently in School ple	Posto	st school attend

	Title: Mr, Ms, Miss, Mrs, Mr and Mr Name:	rs, and Dr, etc (Please delete as necessary). Name:			
	Address:				
	Postcode:				
	e-mail:	_ e-mail:			
8.	Contact Telephone Number: (Day) (Evening)				
	Mobile (1)	Mobile (2)			
9.	Please state if you will be attending	g (tick) Yes: No:			
10.	Do you require an interpreter?				
		vour appeal about a week in advance. and or no longer wish to appeal please let us nearing).			
11.		arrange your appeal at short notice. This means ice (it should be 10 working days). Please tick yes ter notice.			
	Yes: No:				
12.	pupils and that, therefore, the School	ng has declared that the class size has reached 30 cannot admit your child. Please note that there are ich an Appeal Panel can uphold an appeal for this			
	correctly processed, that the decis	on Arrangements were in order and your application ion was not one which a reasonable admission ake in the circumstances of the case;			
	Please note that "reasonable" is used here in a strictly legal sense to indicate perverse action by an Authority which would be unlikely to be sanctioned by the Department for Education.				
	If you wish to appeal on these grounds, please give your reasons, giving as much information as possible to explain your case. Please continue on a separate sheet if necessary.				

(b)	. That the child would have been offered a place if the admission arrangements had been properly implemented.
	Please note that it is not enough to show that there has been a mistal implementing the school's admission arrangements. The Panel mus satisfied that, had the arrangements been carried out properly, the chould have been admitted.
	If you wish to appeal on these grounds, please give your reason giving as much information as possible to explain your case. Please on a separate sheet if necessary.
You	ur Name
Sig	nature Parent/Guardian/Relative/Other
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Tel: 020 8583 3356 or email: schoolappeals@hounslow.gov.uk

Please continue on this sheet of necessary:				
Please continue on another sheet or provide further information if necessary.				
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You may wish to take a copy of this form for your records before returning it.



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	Chinese	White European
Black African	Indian	White UK
Black Caribbean	Pakistani	White other
Black other		Other Group

Department for Education 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