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 Our ref: SA/TT Your ref:

Date: as postmark

Dear Parent/Carer

Re: Submitting your appeal registration form - In-Year Junior & Secondary 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

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



For Office Use Only:

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

SCHOOL ADMISSION APPEALS REGISTRATION FORM FOR IN-YEAR ADMISSIONS - JUNIOR (YEAR 3 - 6)

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

| Child's details: | | | | |
|---|--|--|--|--|
| Forenames: | | | | |
| Surname/Family name: | | | | |
| Child's Date of birth | 3. | Current School Year | | |
| Boy / Girl | | | | |
| Address | | | | |
| Postcode | | | | |
| | | | | |
| Present School (if not currently in Sch Which school(s) do you want your child | nool please | state last school atter | | |
| Present School (if not currently in Sch | to attend? ish to copy to | state last school atter Hearings will be arrange his form for each case. an Appeal for a | | |
| Present School (if not currently in Sch Which school(s) do you want your child separately for each school. You may w Please Note: Parents and Carers can | to attend? rish to copy to only lodge he Applican | Hearings will be arranghis form for each case. an Appeal for a atts preferences. | | |
| Present School (if not currently in Sch Which school(s) do you want your child separately for each school. You may w Please Note: Parents and Carers can place at a school which was one of the | to attend? rish to copy to only lodge he Applican | Hearings will be arrangen his form for each case. an Appeal for a leart spreferences. | | |
| Present School (if not currently in Sch Which school(s) do you want your child separately for each school. You may w Please Note: Parents and Carers can place at a school which was one of the school. | to attend? rish to copy to only lodge he Applican | Hearings will be arranghis form for each case. an Appeal for a atts preferences. | | |

| 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: | | | | |
| | | _ e-mail: | | | |
| 9. | Contact Telephone Number: (Day) _ | (Evening) | | | |
| | Mobile (1) | Mobile (2) | | | |
| | | | | | |
| 10. | Please state whether you will be atten | nding the appeal hearing. | | | |
| | Yes (tick)No (tick) | | | | |
| | Do you require an interpreter at the he | earing? | | | |
| | Yes (tick) No (tick) If yes, w | hich language | | | |
| 11. | | arrange your appeal at short notice. This oper notice (it should be 10 working days) n appeal at shorter notice. | | | |
| | Yes (tick) No (tick) | | | | |
| 12. | would be created if your child did not g | or a place at the school? What problems et a place at the school? The appeal will be no nouraged to put down as much information arate sheet if necessary). | | | |
| | | opealed you will not normally be allowed to ess there have been substantial changes to | | | |
| Му | reasons for appeal are: | | | | |
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| | MUST COMPLETE SECT | TON 42 AND SI | ON THE EODM | |
|------------|--------------------|----------------|----------------|--|
| J U | MOST COMPLETE SECT | ION 12 AND SIG | SN THE FORM | |
| 3. | Your Name: | | | |
| | | | (please print) | |
| | | | | |
| | Signature | | | |
| 1. | Signature | | | |

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



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 (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