



CONFIDENTIAL

SCHOOL ADMISSION APPEAL FORM 2017/18 Academic year

Please complete in BLOCK CAPITALS using black ink.

This appeal form must be fully completed and signed for any appeal lodged in connection with the Steiner Academy Exeter during the 2017/18 academic year and should be accompanied by a statement clearly outlining your reasons for your appeal. (Please see question 3)

All information provided will be treated as confidential. However, the contents of the form will be photocopied for use by members of the Independent Appeals Panel.

Please return the completed form to the Admissions Appeals Clerk, Steiner Academy Exeter, PO Box 447, PAIGNTON TQ4 9DH.

Year group appealing for.....

Section 1 - Child's Details:

Surname

Forename.....

Gender Date of Birth

Principal address (the address at which this child resides for the majority of his/her time)

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.....
.....

How long have they been living at this address?

Is your child currently on the roll of a school YES /NO

The School currently attended (if applicable).....

Or: Date child came off roll (if applicable)

Is this child 'Cared For' by a Local Authority or previously cared for and now adopted, or subject to a residency or guardian order (in public care)? YES/NO

Does your child have a Statement of Special Educational Needs? YES/NO

Is your child permanently excluded from school? YES/NO

Section 2 - Appellant's Details (parent, guardian or carer)

Name

Relationship of appellant to child (please specify - parent/guardian/carers/other)

.....

Address (if different from the child's address)

.....

.....

Tel:Mob: Email:

Do you intend to be present at the appeal hearing? YES/NO

Have you any special requirements for access to the hearing? YES/NO

If yes, please give brief details

Are there any dates that should ideally be avoided for your appeal?

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Please note that the date of an appeal hearing depends on the availability of the appeal panel members and clerk. The admissions committee will try and accommodate your requirements, although this may not be possible.

Will anyone else be attending the appeal hearing with you in a private or professional capacity?
If so please give details

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Do you have any other school aged children? If so indicate their names, ages and schools they attend.

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Section 3 - Your reasons for appeal.

Please use the following space to explain your reasons for seeking a place at the Steiner Academy Exeter, attaching any extra pages if you need more space. If you are stating medical, psychological or social reasons and have supporting evidence from a doctor or professional stating the medical or social reasons which require your child to attend this particular school, please ensure that the additional evidence is sent to the admissions appeal clerk with your appeal application.

Any other specific needs (give details):

Please return the completed form to the Admissions Appeals Clerk, Steiner Academy Exeter, PO Box 447, PAIGNTON TQ4 9DH.

The appeal will be heard within 40 term-time school days of the school receiving your appeal application form and attachments. The clerk to the appeal panel will send you notice of the date of your appeal hearing as soon as this is available. You will then be sent a copy of the Academy's statement explaining the reasons for your child's refusal. This will be sent to your address by first class letter post at least 10 school days before your appeal hearing is scheduled to take place.

I wish to appeal against the decision not to allocate a place for my child at Steiner Academy Exeter

Signed:

Date:

Print name: