



RICHMOND INDEPENDENT APPEALS SERVICE

ADMISSION APPEAL FORM

Please complete the form (in **BLOCK CAPITALS**) if you wish to appeal for a place for your child and return it to: **Democratic Services, York House, Richmond Road, Twickenham TW1 3AA** as soon as possible.

If you wish to appeal for a voluntary aided school, please contact that school directly.

If you are appealing on behalf of more than one child, you should complete a separate form for each child. If you are appealing for more than one school, a separate form should be completed for each school. Please note that you should not complete this form if your child has a statement of special educational needs (SEN) as the Authority's SEN Panel will consider your case separately.

For which school do you wish to make an appeal?

Year Group

(If you are appealing for more than one school, a separate form should be completed for each school)

Child's Surname **Forename**

Date of Birth

Current Address

Post Code

Home Telephone No **Daytime/Work No**

Email

If moving, proposed new address

Post Code

The date from which this new address will apply

If you have moved since your original application, or if you have not already done so, please provide proof of residence – e.g. photocopy of Council Tax bill or the front cover of your child benefit book.

Current or previous school (if applicable)

Name of Parent(s)/Guardian(s) **Title**

Title

If you will require an interpreter, please state the language

What are your reasons for wanting a place at the school you are appealing for?

Please explain, as fully as possible, as the appeal panel will read this information in advance of the hearing. If necessary, please continue on separate sheets. If you would like particular medical or social reasons for attending the named school to be taken into account, you are encouraged to provide professionally supported evidence with this form (e.g. a doctor's letter). Panels are not compelled to ask for additional evidence so if there are documents that you want the panel to consider, you must submit them for your appeal. Please note, it may be necessary to verify the information you supply on/with this form. Should you prefer this not to happen, please state why.

Please note: the appeal hearing is arranged independently of the School Admissions Team, therefore any evidence submitted that you wish to be used in the determination of your **waiting list** place must be sent separately to Education Admissions, Ground Floor, 42 York Street, Twickenham, TW1 3BW.

You can only lodge an appeal once you have received a letter refusing a place at the preferred school(s). To apply for a school place or to enquire about the waiting list please contact the Schools Admissions Team.

I/We confirm that the information supplied on this form is, to the best of our knowledge, correct. I/We confirm that we have read the appeals guidance that accompanies this form. Further copies of the appeals guidance may be downloaded from www.richmond.gov.uk/admission_appeals, or they can be requested by using the contact details at the end of this form.

Signature(s) of Parent(s) / Guardian(s)

Date

Please return this form by post or e-mail to:
Richmond Independent Appeal Service, York House, Richmond Road, Twickenham TW1 3AA or via education.appeals@richmond.gov.uk.
For help or enquiries, please contact education.appeals@richmond.gov.uk or 020 8891 7183. Responses may take longer during peak periods.