SPARKEN HILL
ACADEMY

Notice of School Admission Appeal

IMPORTANT - If your child has a Education Health Care Plan (EHCP) and you wish to appeal against the decision not to offer him/her a place at Sparken Hill, it is not appropriate for you to complete this form. Your appeal will be heard by a Special Educational Needs Tribunal and you should contact your child's named officer in ICDS – Integrated Care Disability Service, as soon as possible on Nottingham (0115) 8041520 who will explain the procedure to you.

The Department for Education (DfE) guidance 'Advice for Parents and Guardians on School Admissions Appeals' provides useful information and has links to both the School Admissions Code and the School Admission Appeals Code of Practice.

Please use block letters and write in **black ink or ballpoint** pen as this form will need to be photocopied.

a)	School you would prefer your child to attend:	**Sparken Hill Academy**		
b)	Name of child who is the subject of the appeal:			
c)	Gender:	Male	Female	Other / prefer not to say
d)	Date of birth:			
e)	School child presently attends:			
f)	If your child has been offered a place at an alternative school, please state:			
g)	Name of parent(s) or person legally responsible for the child:			
h)	Current address of parent(s) or person legally responsible for the child:			

i)	**If you are moving house, please give details of new address and proposed date of move below.** If you are likely to change address between the date you send in your notice of appeal and the date you wish your child to start at the school, the Panel will only consider your proposed address if you have entered a definite legal commitment to move. For example, exchanged contracts on a house purchase or signed a lease tenancy agreement. If no such legal commitment has been made on your part, then the Panel will only take account of your present address when considering your appeal. In that case it may be in your best interests to ask for the appeal hearing to be deferred until you enter the appropriate legal commitment. That, however, is a matter for you to decide.	Postcode: Proposed moving date (if known): Tel No (if known)

j)	Other children in the family:		
	Name	Date of Birth	Present School

(Circle as appropriate)

k)	Have you received confirmation from your preferred school or the LA refusing your child a place? *(Evidence of the refusal MUST be submitted with this notice)*	Yes	No
l)	Do you wish to attend the hearing? *(Wherever possible, it would be helpful if you or a representative could attend the appeal.)*	Yes	No
m)	If attending the hearing, will you bring a friend or representative.	Yes	No
n)	Name and address of representative:		
	Representative's relationship to child (e.g., parent, teacher, family, friend, private tutor):		

Please note - if you have ticked 'Yes' in question 'm' above, you will be sent two copies of the statement for the appeal panel at least 7 days before your appeal hearing. One copy is for you to keep, the other is for your friend or representative (if appropriate).

o)	Please indicate below the dates when you are **not** able to attend (e.g., annual holidays)		
p)	You are legally entitled to 14 days' notice of the date your appeal is to be heard. Do you agree, if necessary, to less than 14 days' notice for the date your appeal is to be heard?	Yes	No

(Circle as appropriate)

The reasons for my/our appeal are:
Please attach any additional documents, information, and evidence you wish to submit to the panel to support your case.

I declare that the information contain in this Notice of Appeal is correct, to the best of my knowledge, at the date of writing.

Signed		Date	
Relation to child			
Telephone number(s):	**Home**	**Mobile**	**Work**

(It would be helpful if you could indicate the best time for us to contact you by telephone and whether it is appropriate to contact you at your work number.)

PLEASE RETURN THIS NOTIFICATION TO MR LILLEY (PRINCIPAL) WITHIN 14 DAYS FROM RECEIPT TO:

ADMISSIONS APPEALS
Sparken Hill Academy
Sparken Hill
Worksop
Notts S80 1AW

Or via office at appeals@sparkenhill.com citing ADMISSIONS APPEAL in the subject line.