School Appeal Form For Sheffield Primary and Secondary Schools
(Prejudice And Key Stage 1 Appeals)

Return this form to:
DEMOCRATIC SERVICES,
ROOM G13
TOWN HALL
SHEFFIELD
S1 2HH

For Official Use Only
ADMISSION APPEAL

Case No: ……………………………
Appeal Received: ☐ ☐
Disabled Access: ☐ ☐
Interpreter: ☐ ☐
Attendance: ☐ ☐

IMPORTANT INFORMATION
You have been refused admission to your preferred school because the year group that you have applied for is full. Please note that places at your preferred school are not reserved for pupils who are appealing against the decision to refuse admission to the school. However, as the Appeal Panel is independent it has the discretion, in limited circumstances, to place additional children into a year group. For further help please contact the Admissions Service by telephoning 273 5766/5790

SECTION A – PERSONAL AND SUPPORTING INFORMATION (PLEASE USE CAPITALS)

1) Child Details
   a) First Name ……………………… Last Name …………………………
      (Tick as appropriate)
   b) Date of Birth of Child …………………………………… Age …………
   c) Year Group now ……………….. Year Group to which the appeal relates ……………

2) Your Details
   a) Mr/Mrs/Miss/Other …………. (delete as appropriate)
   b) First Name ……………………… Last Name ………………………
   c) Address ……………………………………………………………………………
      ……………………………………………………………………………… Post Code ……………
   d) Telephone Number Daytime ……………….. Evening ………………..
      Mobile ……………….. Email ………………..

3) School Details
   a) Name of School you are appealing for: (Please indicate only one school on this form)
      ………………………………………………………………………………………………… School/Academy
   b) Name of School Offered ……………………………………………………………………
      Last/Current School ………………………………………………………………………
4) Expected Change of Address/ Address to Send Correspondence If Different To Above
Please complete where applicable

New Address:  ................................................................. Expected Moving Date .................
 ................................................................. Post Code ...........................................

Reason for sending correspondence to an alternative address ...........................................
 ................................................................. ...........................................

5) Date of Receipt of Decision Letter  ........................................................................................

6) Brothers/Sisters of School Age (This includes half brothers/sisters living at the same address)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Relationship to above child</th>
<th>Current School (if applicable)</th>
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7) Does your child have an Education and Health Care Plan  Yes/No

8) Is your child in care or has your child previously been in care and immediately after being in care was adopted or became the subject of either a residence order or Special Guardianship Order  Yes/No

SECTION B- HEARING ARRANGEMENTS

It is important to read the Guidance for Parents with regard to how appeal hearings are arranged. In summary, sometimes the first and second stage of the appeal hearing are held separately, with the first stage being a group hearing involving all parents which is then followed by a personal hearing, either later that day or on another day. Alternatively, both stages are dealt with as part of one personal hearing. You will be advised accordingly on this matter.

1) Do you wish to attend the appeal hearing?

YES ☐ IF YOU HAVE TICKED THE YES BOX, PLEASE COMPLETE NUMBERS 2, 3, 4 AND 5 ON PAGE 3 AND SECTIONS ‘C’ and ‘D’ ON PAGES 4 and 6 (Tick appropriate box)

NO ☐ IF YOU HAVE TICKED THE NO BOX, PLEASE GO TO SECTION ‘C’ AND ‘D’ ON PAGES 4 and 6. DO NOT COMPLETE NUMBERS 2, 3, 4 AND 5 ON PAGE 3
SECTION B- (continued)

2) You are welcome to bring a friend and/or a representative with you to the appeal hearing. However, it would be helpful if you could give us details of those people who are attending with you:

...........................................................................................................................................................................

(Note: if you are sending someone on your behalf to the hearing who does not have parental responsibility, the Panel will require a signed letter giving authority for the person to act for you.)

3) If you have ticked the “YES” box above to attend the appeal hearing and require an interpreter, please state your language:

...........................................................................................................................................................................

(Note: please only request this service if you are in need of this assistance).

4) Please provide details of any special arrangements, if any, that need to be made (e.g. disabled access to a Town Hall room or any other disability requirements):

...........................................................................................................................................................................

5) Your attendance at the hearing.

Please read the following notes:

(A) Appeals only take place in term time and not during the school holiday period. If the appeal time allocated to you is not convenient please let us know as soon as possible, however, it should be noted that this could well result in a delay in rescheduling your appeal during busy periods.

(B) Please note that both group and personal hearings usually take place between 9.45 a.m. and 3.30 p.m. and that with a Group Appeal you will need to attend on two separate occasions.

(C) PRIVACY NOTICE: the information you provide to us will be used for school admission related purposes and may be shared, as appropriate, as the law allows, with other organisations (such as the Local Government Ombudsman). Further details on the Authority's Data Privacy policies and those of partner organisations can be found on the Sheffield City Council web site www.sheffield.gov.uk or the Information Commissioner's Office.
SECTION C – GROUNDS OF APPEAL

Please set out the reasons for your appeal in the space below. To help you please see the Prejudice Admission Appeal or Key Stage 1 Appeal Guidance for your particular appeal by contacting the Admissions Service by telephoning 273 5766/5790. Information on Key Stage 1 Appeals is also provided below.

<table>
<thead>
<tr>
<th>Important Information for Key Stage 1 Appeals (Reception, Year 1 and 2)</th>
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<tr>
<td>If your appeal is for admission to a Reception, Year 1 or Year 2 class, the law limits class sizes to 30. There are restricted <strong>grounds</strong> on which Appeal Panels may allow appeals in these cases. The only three <strong>grounds</strong> for allowing your appeal are:</td>
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**Ground 1** - the admission of additional children would not breach the infant class size limit; and/or;

**Ground 2** – the Panel finds that the admission arrangements did not comply with admissions law or were not correctly and impartially applied and your child would have been offered a place if the arrangements had complied or had been correctly and impartially applied; and/or

**Ground 3** - the Panel decides that the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case. What is “reasonable” is a high test. The panel needs to be sure that when your child was refused a place it was “perverse” or “outrageous”

With regard to **Ground 3**, you must show that the admission authority either overlooked relevant information you had provided on your application for your preferred school, or took into account information not relevant to your application, or that the decision to refuse to admit your child was not rational or logical, or based on the facts that you provided. The panel in reviewing the decision to refuse admission to your preferred school will need to be satisfied that it was “perverse or outrageous in light of the authority’s admission arrangements”. It must be emphasised that when reviewing this decision, the Panel can only consider information that you provided to the Admission Authority at the time it made the decision to refuse a place at your preferred school.

Please note that when completing this form in respect of Key Stage 1 appeals, whilst you can add information to the reasons for applying for a school to those provided on your original application form, **new reasons cannot be taken into consideration by the Appeal Panel**.

You must address one or more of the three grounds above if you are appealing a decision to refuse admission on infant class size grounds. Please state which ground/s (1, 2 and or 3) you are addressing in your ‘Grounds of Appeal’. If you are unclear if the above relates to your appeal, please contact the Admissions Service.

This information is not in any way intended to discourage you from appealing, as it is your legal right to appeal against the decision to refuse admission on class size grounds, however you need to be aware of the three limited grounds above on which an appeal may be upheld by an Appeal Panel.

**Exceptions to Infant Class Size Appeals**

Whilst the majority of appeals for Key Stage 1 year groups in Schools are restricted by Infant Class Size, there are a small number of schools where their Key Stage 1 appeals are considered on prejudice grounds. Please contact the Admissions Service if you are not sure whether your appeal is based on Infant Class Size grounds.
If there is not enough space please continue on a separate sheet/letter and attach it to and return it with this form. Additional information can be sent later prior to the appeal taking place.

SECTION D – SIGNATURE

Parent/Guardian, please sign this Notice of Appeal and date it below and return it to:

Democratic Services
Room G13
Town Hall
Sheffield
S1 2HH

I sign below to confirm that the information given on this form is correct to the best of my knowledge

SIGNED: .................................................................................................................................

PRINT NAME: ........................................................................................................................

DATE: .................................................................................................................................

If this form has been completed on behalf of a parent/guardian would you please give your name and organisation.

NAME: .................................................  ORGANISATION: ........................................

We will acknowledge that we have received your form within seven working days. If you do not receive an acknowledgement, please phone 0114 273 4096/4008 to check we have received your form.