



The South Wolds  
Academy  
and Sixth Form

## The South Wolds Academy and Sixth Form

### Notice of School Admission Appeal

**IMPORTANT** - If your child has a Statement of Special Educational Needs and you wish to appeal against the decision not to offer him/her a place at your preferred school, 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 the Special Educational Needs Services Group, as soon as possible on Nottingham (0115) 9773554 who will explain the procedure to you.

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: **The South Wolds Academy & Sixth Form**

b) Name of child who is the subject of the appeal:

c) Gender:                      Male                       Female

d) Date of birth:

e) School child presenting attends:

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f) If your child has been offered a place at an alternative school, please state below:

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g) Name of parent(s) or person legally responsible for the child:

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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 into 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 into 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:

<u>Name</u>	<u>Date of Birth</u>	<u>Present school</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....

(please tick ✓)

- |                                                                                                                                                | YES                      | NO                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| k) Have you received a letter confirming you have been refused a place for your child at your preferred school? <i>(if yes, please attach)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Do you wish to attend the hearing?                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |

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. | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Name and address of representative:                                  |                          |                          |

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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)

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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

Please note that if you are unable to attend the appeal hearing it will still go ahead in your absence and a decision reached on the written information submitted.

**The reasons for my/our appeal are:**

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**Please attach any additional documents, information and evidence you wish to submit to the panel to support your case.**

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**I declare that the information contained 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 NOTICE OF APPEAL FORM (WITHIN 7 DAYS FROM RECEIPT IF POSSIBLE) TO:**

**MRS S WALKER, THE SOUTH WOLDS ACADEMY & SIXTH FORM, CHURCH DRIVE, KEYWORTH,  
NOTTINGHAM NG12 5FF  
Email: [swalker@southwolds.uk](mailto:swalker@southwolds.uk)**