



NOTICE OF SCHOOL ADMISSION APPEAL

IMPORTANT – If your child has an EHCP and you wish to appeal against the decision not to offer them 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 team at Derbyshire County Council on 01629 536503 or via email SENDenquiries.BuxtonHPeakandNDales@derbyshire.gov.uk who will explain the procedure to you.

Please use BLOCK LETTERS and black ink to complete this form as it will need to be photocopied.

1. School you would prefer your child to attend: **HIGHFIELDS SCHOOL**

2. Name of the child who is the subject of the appeal:

3. Gender: Male: Female: *Tick as appropriate*

4. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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5. School child presenting currently attends:

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

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

8. Current address of parent(s) or person legally responsible for the child:

Postcode:

9. **If you are moving house, please give details of the new address and proposed date of move.** If you are likely to change address between the date of your Appeal Notice 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 definitive 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 agreement. That, however, is a matter for you to decide.

Postcode:

Proposed moving date (if known)

D	D	M	M	Y	Y	Y	Y
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10. Other children in the family:

Name	Date of birth	Present school

11. Have you received correspondence confirming you have been refused a school place for your child at your preferred school?

Yes *(if this has come from DCC rather than Highfields School, please enclose it with your appeal notice)* No

12. Wherever possible, it would be helpful if you or a representative could attend the appeal. Please confirm if you or a representative wish to attend.

Yes No *Please note, if choose not to attend the hearing will go ahead in your absence using the paperwork you have provided.*

13. Appeal packs will be emailed to you. If you wish to receive it as a hard copy, please indicate below:

Yes *A hard copy will be sent to your CURRENT address unless otherwise indicated.* No *Electronic copy ONLY will be sent out.*

14. If you are bringing a representative, please confirm their name and relationship to the child (eg friend, teacher, social worker etc). Please also indicate if they will require a hard copy of the appeal pack.

15. Please advise of any dates when you are **NOT** able to attend (eg annual holidays)

16. You are legally entitled to 10 **SCHOOL** days' notice of the date your appeal is to be heard. Do you agree, if necessary, to less than 10 school days' notice for the date your appeal is to be heard?

Yes No .

17. Please note that all appeals are carried out using the video conferencing software, Zoom, Joining instructions will be sent to the email provided on this form. Please advise if accessing zoom is likely to be an issue, or if you have any other access requirements (eg interpreter, BSL interpreter)

