



*Every Child, Every Chance, Every Day*

## ***St Mark's Church of England Early Years & Primary School***

### **APPEAL AGAINST INFANT CLASS SIZE ADMISSION DECISION**

Please complete in **BLOCK LETTERS AND BLACK INK** or **TYPE**

**I/We wish to appeal against the decision of the Governors of St Mark's CE Primary School not to offer my child a place at the school.**

1	Full name of your child							
2	Date of birth	Date			Month		Year	
3	Title (please tick)	Mr		Mrs		Ms		Other
	Full name of parent(s) or guardian(s):							
4	Relationship to child	Parent		Guardian		Other	Please state	
5	Home address							
		Postcode						
6	Home telephone number							
7	Mobile telephone number							
8	E mail address							
9	Allocated school (state current if in year appeal)						Current/allocated <i>please delete</i>	
10	I wish to attend my appeal in person	Yes		No				
11	Name and capacity of other persons who will accompany you to the hearing.							
12	Please tell us if you have a disability and need assistance or have any other concerns regarding access							
13	If you need an interpreter, please bring a friend/relation as we find that people you know make better translators	Bringing friend/relative		I cannot bring a friend relative and require a translator.	<i>Please state language</i>			

14	Does your child currently have an Education Health Care Plan	Yes		No	
15	Are there any days of the week when you would not be able to attend a hearing?				
<b>Office use only</b>		Date Received		Ack sent E/P	
16	Current legislation only allows an appeal panel to uphold your appeal on one or more of the following grounds :				
	a) the child would have been offered a place had the admission arrangements been correctly and impartially applied; and/or b) the child would have been offered a place if the arrangements had not been contrary to mandatory provisions in the School Admissions Code and the School Standards and Framework Act (SSFA) 1998; and/or c) the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.				
	Reasons for a)				
	Reasons for b)				
	Reasons for c)				
	Please continue onto a sheet of A4 paper if necessary				

**Return this form no later than 4pm on Friday 17 May 2019 to:**  
email: [admin@st-marks.islington.sch.uk](mailto:admin@st-marks.islington.sch.uk)  
or post: Karen Kean, Admin & Finance Manager  
St Mark's CE Primary School, Sussex Way, Islington, London N19 4JF

**Declaration and Signature of Parent/Carer**

- Having been refused a place at the school name overleaf, I wish to exercise my right of appeal under the School Standards & Framework Act 1998. I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.
- I agree for my data to be stored electronically and to be contacted by post, e mail and telephone. I agree to copies of paperwork submitted to be sent to panel members and the school you are appealing for a place.
- **I enclose two household bills with proof of address dated within the last three months. e.g. Council Tax, bank statement, rent book, telephone bill, water bill.**

Signed

Date