



NOTICE OF APPEAL for SOUTHCHURCH HIGH SCHOOL

I wish to appeal the decision of the admission authority to refuse my child a place at Southchurch High School

SECTION 1

PUPIL DETAILS (Please print)

Surname	<input type="text"/>		
Forename (s)	<input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

SECTION 2

PARENT / CARER DETAILS

Mr/Mrs/Miss/Ms (or other)	<input type="checkbox"/>	Forename	<input type="text"/>	Surname	<input type="text"/>
Telephone no. Home	<input type="text"/>		Work	<input type="text"/>	
Mobile	<input type="text"/>		Relationship to child	<input type="text"/>	
Do you have parental responsibility for this child			Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Tel: 01702 900777

Email: info@southchurchschool.com

Southchurch High School, Southchurch Boulevard, Southend-on-Sea, Essex, SS2 4XA



Headteacher: Mr S C Reynolds

Address if different to Section 1

	Postcode	

Email

SECTION 3

CURRENT SCHOOL INFORMATION

Current School and address of school

	Postcode	

Has your child been offered a place at any school?

Yes No

If yes, name of School

Have you accepted the school place offered?

Yes No

When do you want your child admitted to your preferred school?

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SECTION 4

SIBLINGS

Do you have any other school age children (Age 5-18?)

Yes No

If YES please provide details below:

Name of Child	Date of Birth	Year Group	School attending

SECTION 5

APPEAL PANEL HEARING

Will you be attending the Appeal Panel Hearing to present your own case?

Yes No

If YES, will anyone else be coming with you?

Yes No

If YES, please confirm their name and indicate whether they are representing you in a legal capacity, e.g. a Solicitor:

Mr/Mrs/Miss/Ms (or other) Forename Surname

Capacity of Representation

If you confirm that you will be attending the meeting of the Appeal Panel but then, having failed to give a reasonable explanation do not do so, the Appeal Panel will proceed in your absence and make their decision on the basis of your written case.

If you confirm that you will not be attending the Appeal Panel hearing, your case will be considered by the panel on the basis of whatever you have written on this form together with any other correspondence you may have had with the admission authority regarding your application for a school place. It is, therefore, vital that you include in your written submission all of the information you wish to be considered by the Appeal Panel.

SECTION 6 **ARRANGEMENTS FOR THE HEARING**

In order that the clerk to the panel may make appropriate arrangements prior to the Appeal Hearing please confirm the following:

Do you require the services of an Interpreter? Yes No

If YES what is your first language?

Do you require the services of a sign interpreter? Yes No

Do you use a wheelchair or have mobility difficulties? Yes No

Are you blind or partially sighted? Yes No

If you will be attending the hearing, are there any dates in the next two months which will prove difficult for you? If so please give details; every effort will be made to avoid these dates although no guarantees can be given.

In order to ensure that the Appeal Panel is totally independent, please detail below any schools in the Borough that you have any connection with:

School	Reason for Connection

SECTION 7	APPEAL HEARING NOTICE
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The Admission Appeals booklet confirms that the clerk to the Appeal Panel must provide you with details of the date and arrangements for the hearing no later than 10 school days before the hearing. If, however, a hearing date becomes available at shorter notice it may not be possible to give parents the full amount of notice. In this situation, would you be willing to accept less than 10 school days' notice?

Yes No

SECTION 8	REASONS FOR YOUR APPEAL
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Please give below the reasons for your appeal continuing on a separate sheet of paper if necessary. Any additional documentation you feel would be relevant to your appeal must also be attached to this form and will be made available to the Appeal Panel (please use additional paper if required).

I confirm that the information I have given on this form is true and correct

Signed

**Name
(please
print)**

Date

Relationship to child NOTES:

If your appeal is unsuccessful you may not appeal for the same school within the same academic year unless there has been a significant and material change in either your circumstances or the circumstances of the school and your application has still been refused.

The acceptance of a place at an alternative school does not affect your right of appeal.

An appeals booklet with further details is available on our website

www.southchurchschool.com

Fair Processing Notice

The information provided by you will be held and processed by Southchurch High School in accordance with the Data Protection Act 1998. It will be used for its intended purpose but may also be used for internal statistical analysis as well as being processed and disclosed for the prevention or detection of crime, assessment of tax or where we have a legal obligation to do so. We may also need to share your information with a third party, such as a contractor, in order for them to provide the service you have requested. However, the Council requires any third parties to abide by the Data Protection Act 1998 when they process your data on our behalf and to follow our procedures or instructions. Your information will be held and disposed of in line with the Council's Document Retention and Disposal Guidance. You are entitled to copies of any information that the Council holds about you. This can be obtained by making a request in writing by using a Subject Access Request form.

Once completed this form must be returned to the

**Admission Appeals Department
Southchurch High School
Southchurch Boulevard
Southend on Sea
Essex
SS2 4XA**