



**Holy Trinity C.E. Primary School**  
**Eagans Close,**  
**East Finchley,**  
**London, N2 8GA**

**Appeal Request Form**

**RECEPTION**

**Part One: Please complete this section in BLOCK CAPITALS using black ink.**

Full Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender of child: \_\_\_\_\_

Name of parent(s)/carer(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Tel No: \_\_\_\_\_ Daytime Tel No: \_\_\_\_\_

Email address: \_\_\_\_\_  
(If available)

**Part Two: Reasons for Appeal**

*Please fill in one or both of the sections overleaf. Continue on a separate sheet of paper if necessary.*

*This section must be completed even if you intend being at the hearing.*

**Appeals where neither reasons apply are unlikely to be successful**

**Section A**

Do you consider the Governors have **made a mistake** when considering your application in relation to the published admission arrangements?

**YES/NO**

If you answer **YES** to this question you must provide full details as to what you consider that mistake is (on a separate sheet if necessary).

**Section B**

Do you consider the decision to refuse admission to your child was **UNREASONABLE** having regard to **Notes in respect of Infant Class Size Appeals**

*The words "reasonable" and "unreasonable" are legal "test words". For the decision to be "unreasonable" it must be completely perverse/illogical or not based on the facts of the case so far as is relevant to the admission at the time you lodged the application form.*

**YES/NO**

If you answer **YES** to this question please provide full details (on a separate sheet if necessary).

**Don't forget to attach any supporting documents that you would like the Appeal Panel to consider at your hearing.**

**Note:** If your child has a statement of special educational needs, or one is being prepared, you will have been involved in the process and will have had (or will soon receive) a copy of the statement. If this is the case you need to refer back to your case worker to discuss finding an appropriate school place for your child. You cannot appeal through this process.

### **Part Three: Arrangements for Appeal Hearing**

Do you wish to attend the appeal in person? **Yes/No** (Please circle)

If you cannot attend, do you wish the appeal to be heard in your absence? **Yes/No** (Please circle)

Do you wish to be represented at the appeal? **Yes/No** (Please circle)

Do you require an interpreter? **Yes/No** (Please circle)

Which language? .....

If you wish to be represented, please give details:

Name of representative:

Occupation of representative:

Address of representative:

Telephone No:

**Please note that when the appeals are heard all available places will have been offered and accepted.**

**Parent/Carer Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**This form must be returned for the attention of the Governing Body, c/o Holy Trinity CE Primary School, Eagans Close, East Finchley, London, N2 8GA by Monday 3<sup>rd</sup> June 2019.**