



**NOTICE OF APPEAL AGAINST THE DECISION NOT TO OFFER A PLACE IN THE  
RECEPTION CLASS AT HOPE COMMUNITY SCHOOL**

**Details of the Child:**

Surname	First names
Date of birth	Gender

Home address:
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**Details of the person making the appeal:**

Surname	First names
Mr/Mrs/Miss/Ms/Dr/other (please specify)	Relationship to child

Home address:
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Contact telephone numbers:		
Home:	Mobile:	Work:

Email address:
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Will you require an interpreter? YES / NO

If YES please specify the language\_\_\_\_\_

Schools listed on your application form:

1 <sup>st</sup> preference
2 <sup>nd</sup> preference
3 <sup>rd</sup> preference
4 <sup>th</sup> preference
5 <sup>th</sup> preference
6 <sup>th</sup> preference

There are only three grounds on which appeals to infant classes may be considered. These are:

- a) That the admission of my child would not breach the infant class size limit
- b) That a place would have been offered if the admission arrangements had complied with admissions law or had been correctly and impartially applied.  
*For your appeal to succeed on this ground, you will have to show that the normal admission arrangements as published by the school were not properly followed and if they had, your child would have been offered a place.*
- c) That the decision not to admit your child was not one which a reasonable Admission Authority would make in the circumstances of the case

Please indicate below which of these grounds you believe applies in your case. Please continue on separate sheets if necessary.

The grounds for my appeal are:
a) That the admission of my child would not breach the infant class size limit

b) That a place would have been offered if the admission arrangements had complied with admissions law or had been correctly and impartially applied.

c) That the decision not to admit your child was not one which a reasonable Admission Authority would make in the circumstances of the case

I confirm that the information provided above is accurate and that I have legal responsibility for the child named in the appeal.

Signed	Date
Full name	

**Please return your completed form to:  
Hope Community School, 167 Rectory Lane, Sidcup, Kent, DA14 5BU.**

*Appeal Panels will normally be held mid to late June and early July.*