Jack Hunt School School Admissions Appeal School Standards and Framework Act 1998

Please complete this form in BLACK ink.

School					
If the LA has refused your child admission to any other schools for which you have expressed a preference and you wish to appeal you must complete a separate appeal form for each school.					
School you wish to appeal for a place					
Year group you are appealing for					
School offered by Peterborough City Council (LA)					
Name of school child is currently attending / last attended					
Child Details					
First names Gender Male Female					
Surname Date of birth					
Address and Post Code					
Child "in care" and Special Educational Needs (SEN)					
Is the child currently or has previously being cared for by the Local Authority Yes No					
Does your child have a Statement of Special Education Needs? Yes No					
If you have answered "Yes" to either of the above you must immediately contact the Admission Team on 864007.					
Exclusions					
Is your child permanently excluded from school? Yes No					
Which School?					

Medical							
Are you basing	your appea	al on your or	your child	d's medical i	ssues?	Yes No	
If you have answ Hospital and/or			•	•	medical evidenc	ce in the form of a	
Sibling Deta	ils						
Do you have ar	ny other sch	nool age chil	dren?	Yes		No	
If yes, please co	mplete with	their names	s, ages ar	nd schools th	ney attend.		
Name	Name Da		Date of E	Birth	Name of cu	Name of current school	
Parent / gua	rdian / ca	rer detail:	S				
Title, Name and Surname	d						
Specific Relation Guardian / Care	•	•		/			
		Telepho	Telephone Number				
different from above)				Daytime			
,				Evening			
Postal code				Mobile			
Email							
Completion Cert	ificate, Sigr nce, Child B	ned Tenancy enefits, Fam	Agreemenily Tax C	ent, letter fro redits. We o	m Benefits i.e. I do not accept D	change of Contract, Income Support, Job rivers Licence, Bank nonths old.	
If you are m	oving ho	use					
	he proof of	exchange of				or your appeal, you the new address to the	
New address and Post Code							
Expected date	of move						

Re	Reasons for Appeal					
You whe	You MUST give your reasons or your case cannot be processed. (Please provide written evidence wherever possible)					
•	Give full reasons for your appeal and please continue on a separate sheet if necessary. Attach any additional paperwork securely.					

Declaration a	nd Signature						
I certify that the in deliberately misles	an Independent Appeal panel will hear my appeal,. Which I have the right to attend. formation I have given on this Appeal Form is correct. I understand that any false cading information on this Appeal Form and/or in any supporting documentation or may render this appeal invalid or lead to any offer of a place being withdrawn.						
Name of Applica	nt						
Relationship to C	Child						
Do you have par	ental responsibility for the child? Yes No						
If you have answeresponsibility.	red "No" above then this form must also be signed by the person who has parental						
Signature of persparental respons							
5	ļ						
Print Name							
Date							
example, Proof of	erever possible, you should provide supporting evidence of your case, for of Address and/or a letter/report from a doctor or other professional people. It contact your doctor or others; it is your responsibility to obtain any ence.						
Returning yo	ur completed Appeal Form and additional information						
You can either po	st or hand in your appeal form or additional information.						
POST	Appeals Administrator Legal Services Sand Martin House Bittern Way Fletton Quays Peterborough PE2 8TY						
EMAIL	Tel: 01733 452589 appealsservice@peterborough.gov.uk						
BY HAND	You can hand in your appeal form and additional information to Sand Martin House Reception. Please request a receipt from the receptionist.						
	Please be aware that if you hand in your appeal form to Town Hall this will cause a delay in processing your appeal.						