



Broomfield School Admission Appeal Form

Broomfield School assumes that any appeal lodged is with the agreement of all adults with Parental Responsibility for the child. In most cases the School Appeals Service will send you documentation and correspond via email, this includes papers and outcome letters. Please let the Appeals Service know if you have any difficulty with email contact. **Before completing and submitting this Form, you are acknowledging that you have read the notes of the "School Appeals Guidance".**

Information about the child this form relates to

First Name(s)	<input type="text"/>		
Last Name	<input type="text"/>		
Date of birth (enter format as dd/mm/yyyy)	<input type="text"/>	Is the child a boy or a girl?	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Is your child transferring from primary to secondary school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which school year group is the child currently in?	<input type="text"/>	What school are you appealing for?	<input type="text"/>

Information about the adult who is making this appeal

Title	<input type="text"/>	First Name(s)	<input type="text"/>	
Last Name	<input type="text"/>			
Do you have Parental Responsibility for the child you are appealing for?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Address	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
Will you be moving home within the next month?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes', please provide new address details and ensure that you also let the School Admissions service know the details</i>				
Address	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
Email address (can be work or home but the one you use most)	<input type="text"/>			
Daytime/Mobile telephone number	<input type="text"/>			
Home telephone number	<input type="text"/>			

Information needed to arrange the appeal hearing

Will you attend the hearing in person?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will a friend, relative or professional representative attend the appeal hearing?		Friend <input type="checkbox"/>	Relative <input type="checkbox"/>
<i>If 'Yes', please provide their name and advise in what capacity they are supporting you</i>		Professional represent	<input type="checkbox"/>
<input type="text"/>			

Do you agree to receive less than 10 school days' notice of the date of the appeal hearing? <i>(may be possible on occasions)</i>	Yes	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any difficulty in understanding or having a conversation in English?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Will you need the services of an interpreter at this appeal?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<i>If 'Yes', in which language?</i>	<input type="text"/>		
Are there any special requirements you have which we need to consider for your appeal?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<i>If 'Yes', please provide details</i>	<input type="text"/>		

For **ALL** appeals, please tell us your grounds for appeal and include the reasons for your school preference, continuing on separate sheets if you need more space. If you have information to support your appeal, such as relevant reports or letters from a professional, you can attach documents to submit online with your appeal or you may send details through to us via email at: **office@broomfield.enfield.sch.uk** or post as **Admissions, Broomfield School, N14 7HY**.

Please state your grounds of appeal below:

Signed:

Date: