# **CARDIFF SCHOOL ADMISSION APPEAL FORM**

## **CHILD’S DETAILS**

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Child’s Gender |  |
| Date of Birth |  |
| Current School Year |  |
| Current School |  |

## **SCHOOL**

|  |  |
| --- | --- |
| Name of the School/s you are requesting |  |
| School year you are appealing for |  |

## **YOUR DETAILS**

|  |  |
| --- | --- |
| Your Title | Mr / Mrs / Ms / Miss / Dr / other: |
| Your Full Name |  |
| Your relationship to the child |  |
| Any siblings of the child and their ages |  |
| Current address | Postcode: |
| Email address |  |
| Contact telephone number |  |
| What language would you like for correspondence? | Welsh or English *(Please circle)* |

## **ARRANGEMENTS**

|  |  |
| --- | --- |
| Are you going to attend the appeal hearing? It is better if you do attend. | Yes / No (*Please circle*) |
| Hearings can be held virtually on Microsoft Teams or In-Person at a Designated Venue. Please indicate your preference.(For any group appeals the first part will be in person, but we still need you to specify a preference for the second stage of the appeal, which is private and individual.) | Microsoft Teams / In-Person(*Please circle*)*If you do not indicate a preference your appeal will be scheduled on Microsoft Teams.* |
| Would you prefer the hearing to be held in Welsh or English?  | Welsh / English (*Please circle*) |
| Are you bringing an interpreter or do you need one for the hearing? | Yes I need one / No (*Please circle)* If Yes, please state language and dialect required: |
| Hearings are held starting at 9.15am and finishing before 4pm Monday to Friday and usually last 1 hour (you will be given 2 weeks notice of the hearing date/time.)  | Please provide dates and times when you are **not** available. |

## **GROUNDS OF APPEAL**

**There are 2 different types of appeal hearing; ordinary prejudice and infant class size prejudice appeals. Please read the School Appeals Factsheet which explains the different types and then only complete part A or B below;**

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| You should include any information you consider is relevant to your appeal. If you have anything you want the Panel to read, you should send it to the Panel beforehand. |
| *You should submit all supporting evidence with this form. If this is not possible any additional paperwork you wish to submit should be provided at least 7 working days before the hearing. This includes any medical evidence you want the Panel to see.* |
| Please continue on a separate sheet if necessary and attach to your form. |
| Please list any attached documents and ensure you keep copies for your own records. |

1. **Complete this section for infant class size prejudice appeals if your child is aged between 4 to 7 and for school years Reception, Year 1 and Year 2.**

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| Ground A - Do you think that the school admission arrangements are unlawful? (Full details of the admission arrangements are available in the Admissions to Schools booklet and on the Council’s website) If so, explain why. |
|  |
| Ground B – Do you think that the Council have not implemented the admission arrangements properly in relation to your child (that they have made some sort of mistake)? If so explain why.  |
|  |
| Ground C – Do you think that the Council’s decision to refuse your child a place is not one which a reasonable Council would have made in all of the circumstances? If so explain why. Please explain all reasons why you feel that your child should be admitted to the school you are requesting. |
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1. **Complete this section for ordinary prejudice appeals if your child is aged between 8 to 16 and for school years Year 3 up to Year 11.**

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| Do you think that the school admission arrangements are unlawful? (Full details of the admission arrangements are available in the Admissions to Schools booklet and on the Council’s website) If so, explain why. |
|  |
| Do you think that the Council have not implemented the admission arrangements properly in relation to your child (that they have made some sort of mistake)? If so explain why.  |
|  |
| What prejudice (problems or unfairness) would be caused to your child if they are not given a place at the school you are requesting? Please explain all reasons why you feel that your child should be admitted to the school you are requesting. |
|  |

I wish to appeal against the decision of Cardiff Council on the above grounds.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You can type your name into this part as an electronic signature)

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form is available in Welsh / Mae’r ddogfen hon ar gael yn Gymraeg.**

This form should be returned to the Clerk to the Independent School Appeals Panel by emailing schoolappeals@cardiff.gov.uk

If you require assistance completing this form you can contact the Clerk to the Panel by emailing schoolappeals@cardiff.gov.uk or by calling 029 2087 2087. If you are struggling to understand the information contained in this form, please consider visiting one of Cardiff Council’s various ‘Hub’ offices (details available from [www.cardiff.gov.uk](https://cms2016prd.cardiff.gov.uk/)), or alternatively visiting Oasis Cardiff at 69b Splott Road, Cardiff CF24 2BW.

**Privacy Notice;** *the information in or attached to this form will be used by the Cardiff School Appeal Panel for schools appeals related purposes and may be shared, as the law allows, with partner organisations, in particular, the Cardiff Council’s Education Department. It will be stored securely and only shared with those that are involved in the appeal process. A full privacy notice is available on the Council’s website.*