

**NOTICE OF APPEAL FORM**

Send to STATUTORY APPEALS OFFICER, PO BOX 11, CHELMSFORD CM1 1LX

Statutory Appeals Team cannot be responsible for forms lost in the post.

**What happens to my information?**

Essex County Council will use the information you provide to process your application, and contact you regarding it. Your information will not be shared with others unless required to do so by law. For more information explaining how we use your information please see our [privacy policy](#).

Child's full name	
Date of birth	
Sex of child	
School you are appealing for a place at	
Term you are looking at for your child to be admitted	
Appellant's name(s)	
Address for correspondence to be sent to (including post code)	
Telephone contact numbers	(h) (m)
E mail address (can be work or home but the one you use most)	

**Representation – please indicate YES only in those boxes that apply to your case**

I/We will be attending the appeal to make oral representations (written grounds still required)	
I/We are submitting these written representations only and will not be attending the appeal	
I/We have asked a representative to present the case on my/our behalf If YES please fill in details below	
I/We will be present to accompany our representative	
I/We are agreeable to receiving less than 10 school days' notice of the date of the appeal hearing (may be possible on occasions)	
Will you require the services of an interpreter at this appeal? and if YES, in which language?	
Name, address and status of your representative (if applicable)	
Are there any special requirements you or your representative have which we need to be aware of?	

**Grounds of appeal**

**You must complete this section. Failure to do so will result in your Appeal Form being returned to you.**

Signed.....

Date.....

If there is not enough space on this sheet please continue on additional sheets of A4 size paper, and number and initial the foot of each page please.