

### Admissions Appeals Form

If you wish to appeal for a place at Rimon, at which the governing body has been unable to offer you a place, please complete this form. Your appeal will be heard by an independent panel, which has had no involvement with any previous decision regarding a place for your child.

Please send the form to:  
Rimon Jewish Primary School  
41 Dunstan Road  
London  
NW11 8AE

A	Your Child's First Name			
	Your Child's Surname			
	Date of Birth	Day	Month	Year
	Address			
	Telephone Numbers	Day		
		Evening		
		Mobile		
Email				
2	Current School/Nursery			
3	Which year group are you appealing for?			
4	I will not be available to attend the hearing on/between these dates:			

5	I shall/shall not* attend the hearing myself  * deleted as appropriate	I shall/shall not* be accompanied by a representative  *deleted as appropriate
6	Do you need an interpreter to attend the hearing? YES/NO  *deleted as appropriate	If YES please state language required

The school for which you are appealing has informed you that the class size has reached 30 pupils and that, therefore, they cannot admit your child.

Please note that there are only three circumstances under which an Appeal Panel can uphold an appeal for the school. The grounds for appeal are as follows:

- A. Your child would have been offered a place if the admission arrangements had been properly implemented.
- B. The child would have been offered a place if the arrangements had not been contrary to mandatory provisions in the School Admissions Code and the SSFA 1998.
- C. The decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.

If you wish to appeal on the grounds of A, please give your reasons and as much information as possible:

If you wish to appeal on the grounds of B, please give your reasons and as much information as possible:

If you wish to appeal on the grounds of C, please give your reasons and as much information as possible:

Name (Please Print)	
Signature: _____ (Parent or Guardian)  Date _____	