

# **SCHOOL ADMISSION APPEAL REGISTRATION FORM FOR INFANT PLACES – RECEPTION, YEAR 1 AND YEAR 2 – AT THE FOLLOWING VOLUNTARY AIDED CATHOLIC PRIMARY SCHOOLS IN THE LONDON BOROUGH OF HOUNSLOW:**

• <b>OUR LADY AND ST JOHN'S</b>	• <b>ST LAWRENCE'S</b>
• <b>ST MARY'S, ISLEWORTH</b>	• <b>THE ROSARY</b>
• <b>ST MICHAEL AND ST MARTIN'S</b>	

Please complete this form if you wish to appeal for a place for your child at one of the schools listed above. To appeal you must have applied for a place at the school and been informed that the admission authority is unable to offer you a place. As part of your application for one of these voluntary aided schools, you also need to have completed a Supplementary Information Form.

Please confirm whether you have completed and submitted a Supplementary Information Form for the school for which you are appealing	<b>YES / NO</b>
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Your appeal will be heard by an Appeals Panel who are totally independent of the admission authority and have no involvement with any decision made to date about your child. Hearings are usually held during the day via MS TEAMS (ie remotely). If you are appealing for a place for more than one child or more than one school, please complete a separate form for each appeal.

**PLEASE PRINT CLEARLY IN BLACK INK AND COMPLETE ALL SECTIONS**

<b>1.</b>	<b>I wish to appeal for a place at:</b>	<b>School</b>
<b>2.</b>	<b>My child has been offered a place at:</b>	<b>School</b>

### **3. Child's Details:**

<b>Surname:</b>	<b>Forenames:</b>
<b>Date of birth:</b>	<b>Boy / Girl</b>
<b>Address:</b>	

**4. Parent/Guardian (1) details:**

<b>Title: Mr / Mrs / Miss / Ms / Other:</b>	
<b>Surname:</b>	<b>Forename:</b>
<b>Address (if different from child):</b>	
<b>e-mail:</b>	<b>Contact telephone number:</b>
<b>Relationship to Child:</b>	

**Parent/Guardian (2) details (if applicable):**

<b>Title: Mr / Mrs / Miss / Ms / Other:</b>	
<b>Surname:</b>	<b>Forename:</b>
<b>Address (if different from child):</b>	
<b>e-mail:</b>	<b>Contact telephone number:</b>
<b>Relationship to Child:</b>	

**5. At the Appeal (Please tick boxes as appropriate):**

<b>Personal Appeal:</b> I/We will be attending the Appeal Panel hearing to put my/our case personally. <i><b>If you ask for a personal appeal but are late or fail to attend the meeting without 5 days prior notification, the Appeal will be heard in your absence.</b></i>	
<b>Personal Appeal:</b> A representative/friend will attend the appeal hearing with me / on my behalf (please delete as appropriate)	
<b>Personal Appeal:</b> I will need an interpreter and will arrange for a friend to be with me to interpret for me at the appeal hearing. <i><b>If there are special reasons why you are unable to bring an interpreter, but need one, please contact the Clerk to the Appeal Panel.</b></i>	
<b>Written Appeal:</b> I will <b>NOT</b> be attending the Appeal Panel. I understand that my appeal will be decided on the basis of written statements.	

## 6. Written statement in support of my appeal

**\*\*\*\*\*YOU MUST COMPLETE AT LEAST ONE PART OF SECTION 6\*\*\*\*\***

An appeal is against the decision of a school not to offer your child a school place. Schools have a set number of places to fill. This is called the published admission number (PAN). The school for which you are appealing has declared that they have reached their PAN and are unable to admit an extra child to the year group.

The school for which you are appealing has declared that the admission of an additional child would breach the infant class size limit and therefore they cannot admit your child. Whilst you can appeal on any grounds that you think are relevant, the Appeal Panel may only uphold the appeal where it finds:

**a) The admission of additional children would not breach the infant class size limit.**

If you wish to appeal on these grounds, please give your reasons in this box.

**(Please attach additional pages or information if necessary)**

**b) The admission arrangements did not comply with admissions law or were not correctly and impartially applied, and that the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied.**

If you wish to appeal on these grounds, please give your reasons, giving as much information as possible to explain your case.

**(Please attach additional pages or information if necessary)**

**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 these grounds, please give your reasons, giving as much information as possible to explain your case.

***Please also use this box to include any other grounds for your appeal.***

**(Please attach additional pages or information if necessary)**

NB: Any additional information or evidence that is not sent with the appeal form must be submitted by 9am, 5 school days prior to your appeal. Any evidence not submitted by the deadline might not be considered at the appeal.

## 7. Declaration and Signature of parent or guardian:

- I certify that I am the person with parental responsibility for the child named in section 3 and the information given is true to the best of my knowledge and belief.
- I give consent for the information I have supplied on this form together with any other information provided in future in support of my appeal to the Clerk to the Appeal Panel to be:
  - further shared with the Appeal Panel and the named School as the Admissions Authority
  - kept securely together with notes and proceedings of appeal panel for a minimum of two years as per the requirement of School Admission Appeals Code.
  - processed, recorded, stored and dealt in a manner considered necessary and expedient to be in compliance with the Act.
- I understand that I have the right to withdraw my appeal or above consent at any time by contacting the Clerk to the Appeal Panel and such withdrawal shall not affect the lawfulness of processing done so far based on consent given earlier before its withdrawal.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using all the information provided relating to my appeal to the Clerk before my hearing date.
- I am aware that I could be contacted by post, telephone or e-mail in relation to my appeal.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please note that we cannot accept an unsigned form.

Please return this form **by post** to the school to which you are appealing for a place for your child, in an envelope clearly marked “**for the attention of the Clerk to the Admission Appeals Panel**”

Or **by e-mail** to [admission.appeals.hcp@gmail.com](mailto:admission.appeals.hcp@gmail.com) . If you submit your appeal by e-mail, you will need to sign the declaration above and scan the page alongside the main document.

All appeals will be collated after the deadline on Friday 15 May 2026, and acknowledged at that point. If you have not received confirmation that your appeal is being processed by **Tuesday 2 June 2026**, you should e-mail [admission.appeals.hcp@gmail.com](mailto:admission.appeals.hcp@gmail.com)