

**APPLICATION TO APPEAL AGAINST THE COUNCIL'S DECISION IN RELATION TO**

**HELP WITH SCHOOL CLOTHING COSTS**

**Please read these notes carefully before completing the attached appeal form**

***Parents are responsible for ensuring that their children are provided with the correct uniform.***

* Your application for assistance with help towards school clothing costs has not been approved by the Area Pupil Access Officer. This is because it does not fall within the County Council's policy or the law on assistance with school clothing costs which is set out on the Lancashire County Council website.
* If you have been refused help with school clothing costs, you have the option to appeal that decision within 20 working days. Your appeal will be heard by the Student Support Appeals Committee, subject to there being exceptional circumstances.
* If you decide to appeal, please complete the attached form for **all** sections that are relevant to your case. For example, if you are appealing due to financial circumstances, please complete section A. You may complete additional sections if they are also pertinent to your case. You **must** complete parts 1, 2 and 4.
* As it is not possible for you (or a representative) to attend the Appeal hearing in person, it is **extremely important** that you send the fullest possible information about your case in writing. Please explain on the form why you feel your case is exceptional, using additional sheets if necessary.
* Appeals are evidence-based so it is **essential** that you include any other documents with your appeal form which you feel will help your case – for example, current written evidence from a doctor or other professional if you are appealing on medical grounds, or bank statements, pay slips or benefits statements if you wish to appeal on low income grounds.
* The evidence that you send should be up-to-date and as clear to read as possible. We regret we cannot accept photographs of evidence.
* **Please note – staff at the council cannot be expected to obtain information or evidence on your behalf. It is your responsibility to provide all the information and evidence to support your case.**
* The Student Support Appeals Committee will consider each case on its own merits. They will take into account the County Council's policy and the law. It will be a matter for the Committee in each individual case, based on the evidence you have provided, to consider whether the particular circumstances of a pupil warrant a departure from the County Council's policy and the law. The Committee will look at all aspects of your case. The Council will advise you of the outcome of your appeal in writing once your appeal has been heard.
* Please bear in mind that the decision of the Committee is final and there is no right of further appeal from the Committee's decision. Only in exceptional cases where it is considered that there has been a significant change in an appellant's circumstances may a case be referred back to the Committee.
* Please visit [www.lancashire.gov.uk](http://www.lancashire.gov.uk) for a copy of the County Council's policy in regards to Help with school clothing costs.
* If you require advice on how to complete this form please contact your area office.

**What happens after I return my appeal form?**

When we receive your completed appeal form and any supporting information or evidence you have provided with it, we log it into our system and allocate a unique appeal reference number to your case.

An 'appeal schedule' is then prepared. There are basically two parts to the appeal schedule. One part shows a summary of your case, using the information you have supplied on the appeal form. The other part is completed by a manager in the Area Education Office (Pupil Access Team) who outlines the reasons why the council are unable to assist with school clothing costs.

The appeal schedule therefore summarises both your case and the council's response and is included in your appeal case paperwork so that the Student Support Appeals Committee can clearly see both sides of the case and consider whether your circumstances warrant a departure from the council's school clothing costs.

Before your case is forwarded to the Appeals Committee, a copy of the appeal schedule will be sent to you. Please read it carefully and if you are satisfied that the schedule lays out a fair description of your case you must sign it and return it to us **as soon as possible**. Only when we have received it can we then forward your case paperwork to the Appeals Team, ready for the case details to be heard at the next Appeals Committee Hearing.

If you are not satisfied with the content of the appeal schedule, do not sign it. Instead, you will need to return the schedule to us, stating the reasons why you do not agree with the information in it and including additional evidence if necessary. The Pupil Access Team Manager will look again at your case and a new appeal schedule will be prepared and sent to you for signature. We cannot forward your case papers to the Appeals Team until you have returned a signed appeal schedule to us, showing you agree that the schedule gives a fair summary of the facts of your case.

Help with school clothing costs appeals are considered by the Student Support Appeals Committee which is constituted with four elected County Councillors who represent the different political parties.

Appeals are scheduled on an approximately monthly basis and once the appeal case paperwork has been submitted (including the signed appeal schedule) it is normally heard within 40 working days.

We may give you a date that the appeal is likely to be heard but this date is not guaranteed as we cannot submit your appeal case paperwork to the Appeals Team until we have received your signed appeal schedule. We must also allow time for the paperwork to be photocopied and distributed to the Committee members in time for them to prepare for the Appeals Hearing meeting.

When your appeal has been heard, the Appeals Team will write to you within 20 school days to advise you of the Committee's decision. The outcome of the committee's decision is usually available on the day following the hearing.



**Please complete this form in BLOCK CAPITALS and black ink**

**THIS FORM MUST BE RETURNED BY …………………………………..**

**APPLICATION TO APPEAL AGAINST THE COUNCIL'S DECISION IN RELATION TO HELP WITH SCHOOL CLOTHING COSTS**

**PART 1 – DETAILS OF THE PUPIL(S) YOU ARE REQUESTING SCHOOL CLOTHING COSTS FOR**

***Pupil 1:***

|  |  |
| --- | --- |
| **Pupil Surname** | **Pupil Forenames** |
|  |  |
| **Date of Birth** | **Year Group** |
|  |  |
| **School attending** |
|  |
| **Name of any other school(s) attended within the last 12 months** |
|  |

***Pupil 2:***

|  |  |
| --- | --- |
| **Pupil Surname** | **Pupil Forenames** |
|  |  |
| **Date of Birth** | **Year Group** |
|  |  |
| **School attending** |
|  |
| **Name of any other school(s) attended within the last 12 months** |
|  |

***Pupil 3:***

|  |  |
| --- | --- |
| **Pupil Surname** | **Pupil Forenames** |
|  |  |
| **Date of Birth** | **Year Group** |
|  |  |
| **School attending** |
|  |
| **Name of any other school(s) attended within the last 12 months** |
|  |

**PART 2: DETAILS OF PARENT / LEGAL GUARDIAN**

|  |  |
| --- | --- |
| **Surname** | **Forenames** |
|  |  |

|  |  |
| --- | --- |
| **Title - Mr/Mrs/Miss/Ms/Other (please state)** |  |

|  |  |
| --- | --- |
| **Relationship to pupil (Mother, Father, Foster Carer etc.)** |  |

|  |
| --- |
| **Home Address** |
|  |
| **Postcode** |  |

|  |
| --- |
| **Email address** |
|  |
| **Daytime telephone number** | **Mobile**  |
|  |  |

|  |
| --- |
| **Previous address if moved within the last 12 months** |
|  |
| **Postcode**  |  | **Date of move** |  |
| **Reason for move** |  |

|  |
| --- |
| **If you are completing this form on behalf of the parent / guardian, please give your name and contact details here and relationship to appellant (e.g. friend, social worker etc.)** |
| **Name** |  |
| **Relationship to applicant** |  |
| **Contact details:** |  |

**PART 3: WHY IS HELP WITH SCHOOL CLOTHING COSTS BEING REQUESTED?**

*Please tick the relevant sections and provide as much appropriate evidence as you can. (Please continue on a separate sheet if necessary.) Missing or incomplete information may cause your case to be deferred.*

**SECTION A: FINANCIAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you appealing on financial grounds?***(If you have ticked 'no', you do not need to answer the questions in section A)* | **Yes** | 🞏 | **No** | 🞏 |

***All information you provide will be treated as confidential. Please provide a copy of your latest tax credit award notice (if relevant).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you work?** | **Yes** | 🞏 | **No** | 🞏 |
| **If 'yes'**  | **Full time** | 🞏 | **Part time** | 🞏 | **Net amount per month £** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a partner?** | **Yes** | 🞏 | **No** | 🞏 |
| **Does your partner work?** | **Yes** | 🞏 | **No** | 🞏 |
| **If 'yes'**  | **Full time** | 🞏 | **Part time** | 🞏 | **Net amount per month £** |  |

***Are you in receipt of the following? (Please state monthly amounts and provide evidence)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Support** | £ | **Job Seekers Allowance** | £ |
| **Child Tax Credit** | £ | **Working Tax Credit** | £ |
| **Universal Credit** | £ | **Other (please state)** | £ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you receive/pay maintenance?** | **Yes** | 🞏 | **No** | 🞏 | **Net amount per month £** |  |

|  |  |
| --- | --- |
| **Total Household Monthly Income (Total of the above)** | **£** |

**SECTION B: MEDICAL**

***Medical evidence must be provided (e.g. from doctor / health visitor) with this application and should be current and up to date. Any information not provided could result in the appeal being deferred until this information has been provided.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you appealing on medical grounds?***(If you have ticked 'no', you do not need to answer the questions in section B)* | **Yes** | 🞏 | **No** | 🞏 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The medical reason relates to the …** | **PUPIL** | 🞏 | **PARENT** | 🞏 |

|  |
| --- |
| **What is the medical condition?** |
|  |
| **Are there are any resources provided to the family to assist with this medical condition?** **(E.g. disability benefits. Please state exact names of benefits)** |
|  |

**SECTION D: OTHER EXCEPTIONAL REASON**

***If you wish to appeal for a reason not covered by the sections on this form but which you consider to be an exceptional reason why help with school clothing costs should be provided for your child(ren), please give full details here (and provide evidence as appropriate):***

|  |
| --- |
|  |

**PART 4 – TO BE SIGNED AND DATED BY THE APPLICANT**

Please note that failure to sign below will result in your form being returned and will delay your case being heard. Only signed forms will be submitted to the Schools Support Appeals Committee.

I declare that the information given in this application is correct and complete to the best of my knowledge and belief. I have attached all relevant supplementary information I wish to make available to support my case.

*Lancashire County Council has a statutory obligation under the Help with school clothing costs – published by the DfE – to collect and process this information.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of applicant** |  | **Date** |  |

**When completed, please return this form (and the copies of any evidence you are providing to support your case)** **to the relevant address below within 20 days of receiving it. Please retain pages 1 & 2 for your own reference.**

|  |  |
| --- | --- |
| Directorate for Children & Young PeoplePupil Access TeamTransport.appeals@lancashire.gov.uk | **If your child has a statement of SEN or EHC Plan**, please send your completed formand documents to your allocated SEND Officer at your Area Office. |

*Pupil Access Team – October 2020*