



# Infant class size Appeal to the independent panel

**Before completing this form please read carefully the instructions on the back page**

**I wish to appeal for a place to be offered to my child at the following school:**

School name \_\_\_\_\_ Last year group (if known) \_\_\_\_\_

**Child's name, date of birth and age**

Forename \_\_\_\_\_

Surname or family name \_\_\_\_\_

Date of birth \_\_\_\_\_

Age \_\_\_\_\_

**Current school or last school attended**

School name \_\_\_\_\_

Year group (if known) \_\_\_\_\_

**Child's full home address**

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**Parents' details**

Parent/Carer 1

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel no. \_\_\_\_\_

Parent/Carer 2

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel no. \_\_\_\_\_



**Reasons why my child should attend this school**

Please include all the reasons why it is essential that your child should attend the school you are appealing for.

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**Medical reasons**

If you believe that there are medical reasons why this is the only suitable school for your child, please give details and attach medical evidence.

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**Signature of parent/s**

Parent/Carer 1  
Signature \_\_\_\_\_  
Printed name \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Carer 2  
Signature \_\_\_\_\_  
Printed name \_\_\_\_\_  
Date \_\_\_\_\_

# Instructions

Please note a separate form is required to be completed for each child and also each school you wish to appeal for.

It is important that you read the guide **Appealing for a school place**.

If admission on medical grounds is one of the reasons for your appeal, medical evidence must be provided for the appeal panel members.

Copies of any supporting information must be attached, but you can add further information later if necessary.

One or both parents must sign the appeal form.

The completed appeal form with any relevant enclosures should then be returned as soon as possible to:

School Appeals  
Oldham Council  
Level 4  
Civic Centre  
West Street  
Oldham  
OL1 1UL  
Telephone: 0161 770 4213

If you deliver the form by hand please obtain a receipt and keep it safe.

If your appeal form has not been acknowledged within seven days you should contact Schools Appeals Team, please call 0161 770 4213 or write to the above address  
Alternatively, please email [schoolappeals@oldham.gov.uk](mailto:schoolappeals@oldham.gov.uk)

Please return the form as soon as possible. If you are waiting for evidence or further information please do not delay sending in the completed form. Additional information can be added later.