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	d to my child at the following school:	
School name	Year group	
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	Parent/Carer 2	
Name	Name	
Address (if different from above)	Address (if different from above)	
Tel no.	Tel no	

Please read instructions on the last page before completing.

Parents' statement to the appeal panel

I funderstand that my child has been refused a place at this school because the school is full in the year group. However, I would like to appeal for my child to go to this school for the following reasons:	Please tick:		
However, I would like to appeal for my child to go to this school for the following reasons:	I understand that my child has been refused a place at this school because the school is full in the year group.		
	Ш	However, I would like to appeal for my child to go to this school for the following reasons:	

-	
-	
·	
Signature of parent/s	
orginature or parent/s	
Parent/Carer 1	Parent/Carer 2
i aiony vaidi i	r artiri/Oalti Z
Signature	Signature
- 0	S.ga.a. o

Printed name ______ Printed name _____

_____ Date __

Date _____

Instructions

Please note a separate form is required to be completed for each child and also each school you wish to appeal for. If your appeal is for a school outside the Oldham borough, please appeal to the relevant borough.

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

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 School Appeals Team, please call 0161 770 4213 or write to the above address. Alternatively please email 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.