

Private and confidential

# Appeal to the independent panel



School admissions academic year 2016/17

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 \_\_\_\_\_ 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

Name \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Parent/Carer 2

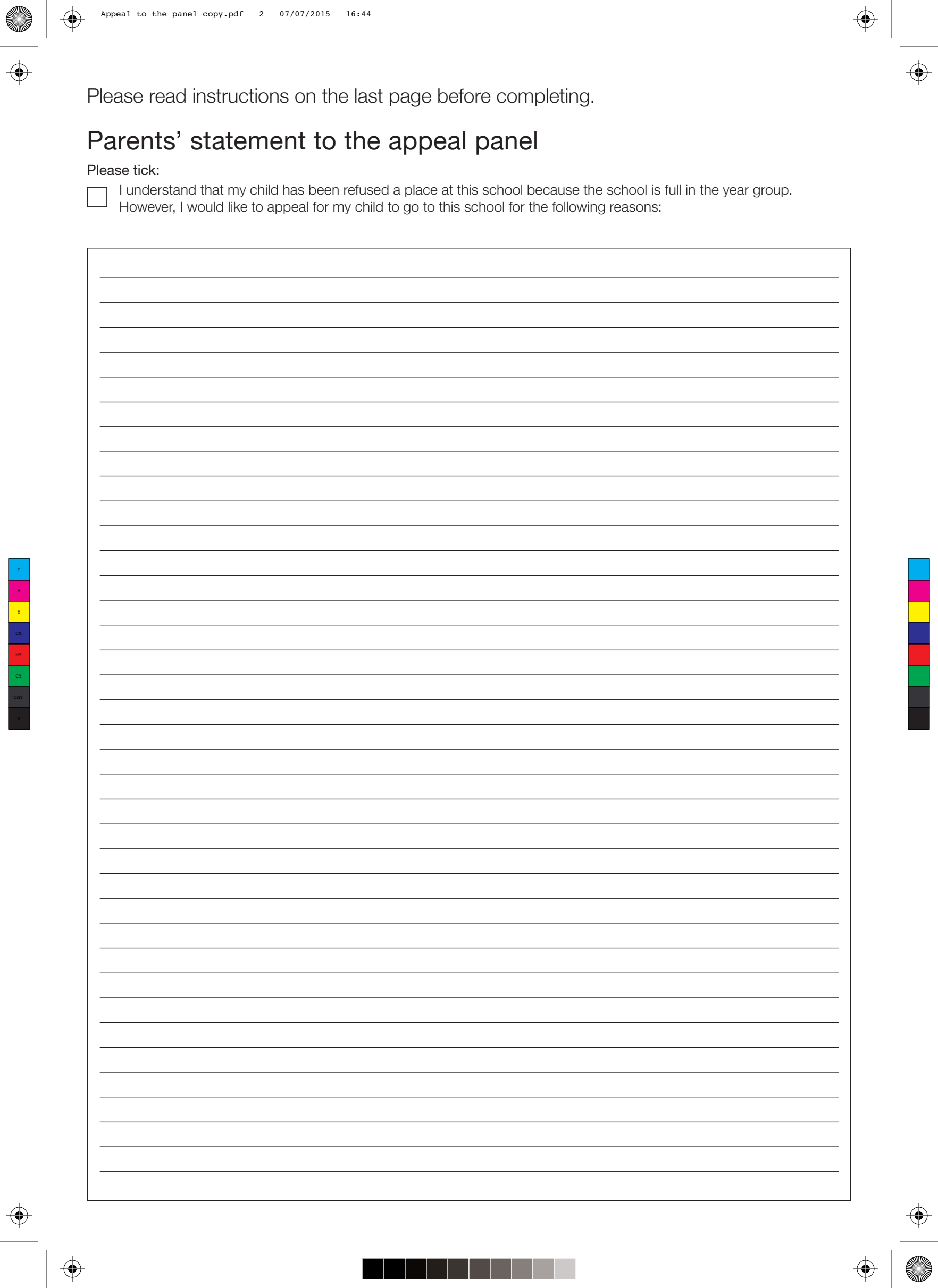
Name \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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



Please read instructions on the last page before completing.

## Parents' statement to the appeal panel

Please tick:

- ☐ I understand 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:

A large rectangular area with horizontal lines for writing the appeal statement.



**Signature of parent/s**

Parent/Carer 1

Parent/Carer 2

Signature \_\_\_\_\_

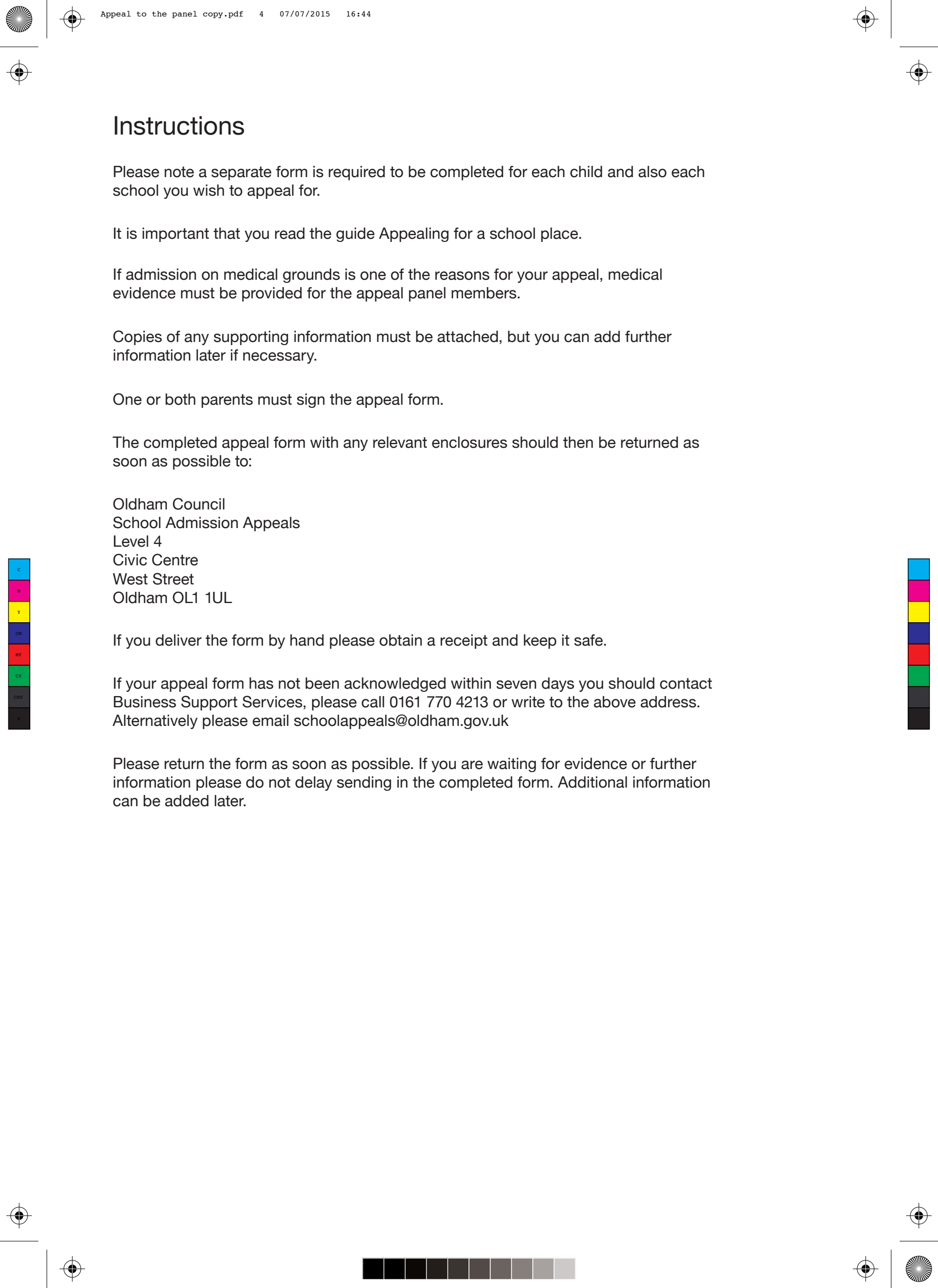
Signature \_\_\_\_\_

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.

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:

Oldham Council  
School Admission Appeals  
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 Business Support Services, 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.

