



Infant class size 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 _____ 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. _____

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
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 Business Support Services, 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.