

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:

Year Group:

Childs 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):

Childs full home address

Address:

Postcode:

Parents Details

Parent/Carer 1

Name:

Address (if different from above):

Email Address:

Tel No:

Parent/Carer 2

Name:

Address (if different from above):

Email Address:

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

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

Parents' statement to the appeal panel

Infant class size appeal

Please tick:

I understand that admission of further pupils will cause the school to exceed the limit of 30 pupils per qualified teacher

Allegation that a mistake has occurred

If you are alleging that a mistake has occurred, please give details below and include any evidence you may have.

Unreasonable decision

If you are alleging that the admission authority decision to refuse a place was unreasonable, please give details and include any evidence

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
Spindles Shopping Centre
West Street
Oldham
OL1 1LF

Or can be emailed to: schoolappeals@oldham.gov.uk

If your appeal form has not been acknowledged within seven days you should contact School Appeals Team. Please call 0161 770 4213 or 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

