

For official use only		
Date received		Appeal no



APPEAL FOR ADMISSION TO A COMMUNITY, VOLUNTARY CONTROLLED OR TRUST SCHOOL
To enable legible photocopies to be produced for members of the Appeal Panel, please complete this form in black ink

PLEASE NOTE THAT IF YOUR CHILD HAS A STATEMENT OF SPECIAL EDUCATIONAL NEEDS, THIS APPEAL FORM DOES NOT APPLY. YOU MUST APPLY TO THE SPECIAL EDUCATIONAL NEEDS TRIBUNAL. PLEASE CONTACT THE STATUTORY ASSESSMENT TEAM ON (01253) 476553 TO DISCUSS THIS.

A. DETAILS OF THE CHILD AND PARENT/CARER

1. Child's full name
 (please state legal surname).....

Provide details if your child is known by any other name.....

2. Child's date of birth: Date.....Month.....Year..... Male Female

3. Current/last school attended

4. Parent/Carer's name(s)

5. Address

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Tel No (Home).....(Work).....(Mobile).....

6. Relationship to child (Father/Mother/Grandparent/Other)

7. Do you intend to be present at the Appeal hearing? YES NO

8. If you intend to be represented by someone else, please provide the name of that person

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Please note: If you **do not** intend to be present or be represented, the appeal will be considered on the basis of information you provide on this form and any other information you attach.

9. If you have any other children, please provide their names, ages and the schools that they attend or have been allocated

Name of child	Date of birth	School attending/allocated

B. PREFERRED SCHOOL AND REASONS FOR YOUR APPEAL

1. Which school would you like your child to attend?
2. Please give you reasons why you think a place should be allocated for your child at this school. Please provide details of any special reasons, for example if your child has a medical condition, or if there are social or welfare reasons why you feel your child should go to this particular school. PLEASE NOTE: Professional evidence to support these reasons should be attached if possible, for example, a report from a consultant or social worker.
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3. Have you visited this school?.....

C. SCHOOL THAT HAS BEEN OFFERED

1. Which school has been offered to your child?
2. Have you visited the school that has been offered or discussed with any member of staff what the school has to offer?
3. Why are you not happy with the offer of this school?
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Signed Date

You may continue your reasons on another sheet of paper, or attach any other documents that you feel appropriate.

If you have difficulty in completing this form, please contact the School Admissions Team on (01253) 476829 or 476637.

**Please return the completed form to the
Independent School Appeals Team, Legal and Democratic
Services, PO Box 1066, Town Hall, Blackpool FY1 1GB**