

**Office Use Only:-**

- Infant Class Size  
 In Year Appeal



## Independent Admission Appeal Form

**Please read the attached guidance notes before completing this form, including the additional information on infant class size legislation if applicable.** This form should only be used to appeal for admission to a school within Staffordshire. You **must** complete both sides of this form which must be signed and returned to the address provided overleaf, as soon as possible. **For appeals for places in September, if you do not return the form by the required deadline your appeal may not be heard during the Summer Term.**

### Part 1 Pupil's Personal Details (Please complete in block capitals)

Child's Legal Surname:	<input type="text"/>	Sex:	<input type="text" value="M"/>	<input type="text" value="F"/>
Child's Legal First Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	
Present School:	<input type="text"/>	Current Year:	<input type="text"/>	
Full Home Address:	<input type="text"/>			
	<input type="text"/>			
			Postcode:	<input type="text"/>
Name of person lodging appeal:	<input type="text"/>			
Relationship to child:	<input type="text"/>			
Contact Details:	Home:	<input type="text"/>		
	Mobile:	<input type="text"/>		
	Email:	<input type="text"/>		

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### Part 2 School Preference

Name of school(s) applied for:	<input type="text"/>
Name of school where place has been offered:	<input type="text"/>

#### School for which you are appealing:

**Note:** You can only appeal for a particular school if you made an application for that school which has subsequently been refused. If you are appealing for more than one school, please ensure that you complete an appeal form for each school.

1.	<input type="text"/>
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