

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"/>			
	<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"/>		

Part 2 School Preference

Name of school where place has been offered:

School(s) 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 submit supporting information in respect of each school.

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>



Part 3 Appeal Procedure (Please refer to notes of guidance)

Please indicate the type of appeal you require:

Oral Appeal
(if you want to attend in person)

Written Appeal (if you want your appeal to be considered without you being present)

Please indicate by ticking the appropriate box if you have difficulties that may require special arrangements:

Physical

Language

Hearing

Part 4 Reasons in support of preference

Please give as much information as possible to support your appeal. You should do this even if you have indicated that you want an oral appeal.
Please attach additional sheets/information as necessary to the form.

continue on a separate sheet if necessary

I certify that the information I have provided on this form is true to the best of my knowledge, and understand that any false or deliberately misleading information on this form and/or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child.

Signature: (Mr/Mrs/Ms/Miss) _____ Date: _____

When completed, this form should be returned to:

For Community and Controlled Schools:
Independent Appeal Panel Administrative Support Team
2, Staffordshire Place
Tipping Street
Stafford
ST16 2LH

For Aided, Foundation, Trust Schools and Academies:
Chair of Governors / Clerk to the Admissions Panel
c/o relevant school or Academy

email: schooladmissionappeals@staffordshire.gov.uk

The information provided on this appeal form will be used to ensure that the council's records are correct. The full Data Protection statement can be found in the Secondary and Primary Information booklet.