



ADMISSION APPEAL FORM

Surname of Child:	Other Name (s):
Date of Birth:	
Name of Parent (s)/Guardian(s):	
Home Address:	
Home Telephone Number:	Daytime Telephone:
Childs Current School (if applicable):	

I wish to appeal against the governors' decision not to offer my child a place:

I wish to attend the appeal in person: Yes No (Tick appropriate box)

I wish to be represented: Yes No (Tick appropriate box)

If you wish to be represented, please give details:

Name of Representative: **Occupation of Representative**

Address of Representative: **Telephone No:**

If you have other children, please give their details below:

Name:	Age:	School Attended:
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My reason for appealing is as follows: (please attach additional sheets, if necessary.)

a) If you think that the Governing Body has not followed its own rules which were published in the schools admissions policy and your child would have been offered a place if the Governing Body had done so. Please explain why you think this is:

b) If you think the Governing Body has acted unreasonably and could have made arrangement to admit more children to the school without breaching the legal class size limit of 30 pupils. Please explain below:

Signed:	Date
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This form must be returned to the Clerk to the Admissions Appeal panel by 17th May 2022.

