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**Holmes Chapel Primary School**

**SCHOOL APPEAL FORM**

**PLEASE NOTE: If you are appealing for more than one child or for more than one school please complete a separate form for each child and each appeal.**

**Please complete this form in black ink.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF SCHOOL FOR WHICH YOU WISH TO APPEAL FOR A PLACE** | | | | **YEAR GROUP** | | |
| **CHILD DETAILS** | **Surname: Forename:** | | | | | |
| **DOB:** | **Male/Female** *(please delete as appropriate)* | | | |  |
| **School currently attending/last school attended**:  **Date child left** *(if applicable):* | | | | | | |
|  | | | **Yes ✓** | | **No ✓** | |
| Is your child **‘cared for’ by a local authority** *(i.e.* *in public care*)?  If yes, please state which local authority and provide a contact number: | | |  | |  | |
| Was your child **‘previously cared for’ by a local authority** *(i.e.* *in public care*)?  If yes, please state which local authority and relevant dates. | | |  | |  | |
| Does your child have a **Statement** **of Special Educational Needs**? | | |  | |  | |
| Is your child **permanently excluded** from school? | | |  | |  | |

|  |  |  |
| --- | --- | --- |
| **Appellant’s name**: (parent, guardian or carer) Mr/Mrs/Miss/Ms/Dr *(please delete as appropriate)* | | |
| **Relationship of appellant to child** –  (*please specify - parent/guardian/carer/other)* | | |
| **Do you intend to be present at the appeal hearing?** **Yes/No**  *(please delete as appropriate)*  **Have you any special requirements e.g. wheelchair access/hearing problems?** **Yes/No**  **If yes please give details overleaf.** | | |
| **Current Address:**  **Postcode** | **Address in Cheshire East to which you are moving:**  *(if applicable)*  **Postcode** | |
| **E-mail address:** |  | **Date of**  **Moving** |
| **Telephone contact numbers:** | | |

***For office use only***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date received |  | Logged on system |  | Child’s Catchment School |  | Passed to legal |  |
| Confirm PAN reached |  | Acknowledgment sent |  | Presenting Officer |  | Processed by |  |

**Do you have any other school aged children?**

If so indicate their names, ages and schools they attend.

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Name of Child’s present school** |
|  |  |  |
|  |  |  |
|  |  |  |

**Please state your reasons for seeking a place at this school** (e.g. moving into the area/domestic arrangements etc). If you are stating medical, psychological or social reasons **please ensure that professional evidence is attached** e.g. a letter from a doctor or professional stating the **medical or social reasons that you consider justify admission to this particular school**

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(*continue on a separate sheet if necessary)*

**Any other specific needs (give details):**

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I wish to appeal against the decision of the Authority not to allocate a place for my child at the school named overleaf.

**Signed:** ……………………………………………………… **Date:** ………………………….

***Please return this form to:*** *Holmes Chapel Primary School* ***Tel:*** *01477 533336*