

**INDEPENDENT EDUCATION APPEALS PANEL
APPEAL FOR A RECEPTION SCHOOL PLACE**

GUIDANCE NOTES

- 1. PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS**
- 2. PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD AND FOR EACH SCHOOL**
- 3. WHEN COMPLETED E-MAIL THIS FORM AND ANY SUPPORTING INFORMATION TO schoolappeals@bury.gov.uk**

Please note, if your child has an Education, Health and Care Plan please contact the SEN Team directly and do not complete this form.

NAME OF SCHOOL REQUESTED:

(Please complete separate forms for each Bury school that you are appealing for)

FULL NAME OF PUPIL: Forename(s) Surname

DATE OF BIRTH:**GENDER:****CURRENT NURSERY:**

Is your child a Looked After Child (i.e. in the care of the Local Authority)?
If so, which is the child's home authority?

Do you need an interpreter at the appeal hearing?
If yes, please indicate which language:

CONTACT DETAILS (PLEASE USE CAPITAL LETTERS)**NAME OF PARENT(S)/CARER(S)****ADDRESS:****TELEPHONE NUMBER:** (daytime)**EMAIL ADDRESS:**

Parent/Carer Declaration (this must be signed in all cases)
I consent to this information being shared with the Independent School Admissions Appeal Panel Members, the school I am appealing for and other officers involved in the process.

Signed:**Date:**

MY REASONS FOR MAKING THIS APPEAL ARE:

A. MEDICAL/SOCIAL REASONS

(You must supply evidence from doctor, hospital or social worker etc)

B. CHANGE OF ADDRESS

(You must provide evidence of exchange of contracts on a property you are buying OR a copy of your rental agreement)

C. ANY OTHER REASONS

Continue on separate sheets if required