

**INDEPENDENT EDUCATION APPEALS PANEL
APPEAL FOR A RECEPTION CLASS 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