

**INDEPENDENT EDUCATION APPEALS PANEL  
APPEAL FOR A YEAR 7 SECONDARY 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](mailto: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

<b>DATE OF BIRTH:</b>	<b>GENDER:</b>
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**CURRENT PRIMARY SCHOOL:**

**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