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| **Our Lady Immaculate Catholic Primary School** |
| Please read **A Guide to Education Admission Appeals** before completing this form. |

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| **EDUCATION ADMISSION APPEAL****NOTICE OF APPEAL FORM** |

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| **I am appealing for a place at:****and would like my child to start:** *(date)* |

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| **Child’s full name:****Male or Female** *(delete as appropriate)***Child’s date of birth:** |

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| **My name** *(Mr. Mrs. Miss, Ms other):***My relationship to the child is** *(parent, guardian, relative):* |

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| **Current address** *(including Post Code):* |

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| *I am in the process of buying/renting a new property. I attach a copy of a letter from my solicitor/copy of my tenancy agreement confirming my new address and the date on which I expect to move in.* |

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| **Contact details:**  Telephone (home) Telephone (work) Mobile: Email: *(please write clearly)* *(if you supply an email address we will acknowledge your application by email)* |
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| **My child currently attends** *(name of school or nursery):***My child is currently in year group:** |

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| **My child has been offered a place at:** *(name of school)***To begin in year group:** |

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| **Please list the schools you have applied for:**1. 4.2. 5.3. 6. |

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| **Please tick one of the following boxes to indicate attendance at the appeal hearing:**I will attend the appeal hearing: I will not be able to attend the appeal hearing: I will not be able to attend the appeal hearing but someone will attend on my behalf I will not be able to attend the appeal hearing and understand that the panel will base theirdecision on my written reasons and evidence:  |

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| **Please tick the box if you are happy to waive your rights to 10 school days’ notice of your appeal** **hearing.** This may enable us to timetable your appeal earlier than otherwise expected.I am happy to waive my rights:I am not happy to waive my rights:  |
| I will need a signer, an interpreter who speaks the following language at the appeal hearing:Signer Please state language………………………………...... Interpreter I have a disability and need the following adjustments made at the venue: …………………………………………………………………………………………………………….. |

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| **Reasons for appeal:** **(*you must complete this section*):*** Give full reasons for your appeal and continue on a separate sheet if necessary.
* Attach any additional paperwork securely.
* If your appeal is for an Infant Class Size Refusal, please state on which grounds you are appealing:

**A.** The admission of additional children would not breach the Infant Class Size, or**B.** The admission arrangements did not comply with admissions law or were not correctly and impartially applied and the child would have been offered a place if the  arrangements had complied or had been correctly and impartially applied; or**C.** The decision to refuse admission was not one which a reasonable Admission Authority would have made in the circumstances of the case.**Declaration:**All information given is correct to the best of my knowledge and I am the person with parental responsibility for the child named on this form.Signed ………………………………………………………………Date ………………………………………………………………… |

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| If you are producing additional paperwork, please list it below: Description of paperwork Attached Sending later1.2.3.4.5.6. |

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| Please return your completed form marked **Private and Confidential** to:Admissions OfficeOur Lady Immaculate Catholic Primary SchoolNew London RoadChelmsfordCM2 0RGWe cannot be held responsible for forms that are lost in the post, sent or delivered to other locations. |