be kind - be curious - be respectful.



Oak Grange Primary School

NOTICE OF SCHOOL ADMISSION APPEAL

Complete this form is you wish to appeal a decision not to allocate your child a place at Oak Grange Primary School

IMPORTANT - If your child has a Statement of Special Educational Needs or an Educational Health and Care Plan (EHCP) and you wish to appeal against the decision not to offer them a place at your preferred school, it is **not** appropriate for you to complete this form. Your appeal will be heard by a Special Educational Needs Tribunal and you should contact your child's named officer in the Special Educational Needs Services Group at the Local Authority, who will explain the procedure to you.

Please use **block letters and write in black ink/pen** as this form will need to be photocopied. If you wish to type on the form, you will need to **sign in black pen on the final page after printing out the form.**

a)	School you would prefer your child to attend:
b)	Name of child who is the subject od the appeal:
c)	Gender:
d)	Date of birth:
e)	School children currently attends:
f)	If your child has been offered a place at an alternative school, please state here.
g)	Name of parent or person legally responsible for the child.



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h) Current address of parent(s)	or person lega	ally responsible	e for the	e child:			
	Address (of new	house)					
If you are moving house, please give address and proposed date of move b likely to change address between the d your notice of appeal and the date you w start at the school, the Panel will only proposed address if you have entered into commitment to move, for example, exch							
on a house purchase or signed a lease tend If no such legal commitment has been ma	Postcode						
then the Panel will only take account address when considering your appeal. In be in your best interests to ask for the appeal deferred until you enter into the appeal.	Proposed M Date (if kr	-					
commitment. That, however, is a matter for	Tel No. (if kn	iown)					
i) Other children in the family			Current Scl	nool			
j)Have you received a letter co preferred school? (if yes, ple			-	=	our child (es	d at your No	





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	u wish to attend the h ver possible, it would		ora repr	resentative could attend the appea	l.
Yes	No				
l) If att	ending the hearing, w	vill you bring a	friend or i	representative?	
Yes	No				
m) Na	me and address				
	epresentative:				
n) Rep	resentative's relations	ship to child:			
, -		•			
				will they require a separate copy of	f the
арр	eal documentation?	Yes	No	٦	
p) Plea	ase indicate any date	s when you are	not able	e to attend (e.g. annual holidays)	



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	e legally entitl an 14 days' no				appeal is to be	hears. Do you ag	gree, if necessary,
1000 (11	an I raays no		acc you. up	pear.	Yes	No	
e reasons f	or my/our ar	opeal are: (c	continue or	ı a separate	sheet if necess	arv)	
c 1 caso115 1	or my, our up	spear are. (bontinae on	raseparate	Sirect ii fiecess	a. , ,	

