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INDEPENDENT EDUCATION APPEALS PANEL
APPEAL AGAINST REFUSAL FOR ADMISSION INTO A PRIMARY SCHOOL IN SEPTEMBER 2022

GUIDANCE NOTES:

1. COMPLETE THIS FORM IN **BLACK INK OR BLACK PEN USING BLOCK CAPITALS**
2. **PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD AND FOR EACH SCHOOL**
3. WHEN COMPLETED **EMAIL** THIS FORM TO: DemocraticServices@bolton.gov.uk

Or post it to: THE CLERK TO THE INDEPENDENT APPEALS PANEL,
C/O DEMOCRATIC SERVICES, 2ND FLOOR TOWN HALL, BOLTON, BL1 1RU

I wish to exercise my right to appeal against the decision of the Local Authority/Admission Authority School to refuse my request for the admission of my child to the school of my choice.

NAME OF SCHOOL APPEALING FOR:			
FULL NAME OF PUPIL:	First Name(s):	Last Name:	
DATE OF BIRTH:	Date:	Month:	Year: MALE / FEMALE
PRESENT OR PREVIOUS NURSERY:			
Has your child got an Education, Health & Care Plan?		YES / NO	
DETAILS OF ALL OTHER CHILDREN <u>UNDER</u> 16 YEARS OF AGE:			
First name(s)	Last name	Date of Birth	School (if any)
Please Note: If English is not your first language and you will require assistance, please ask someone to interpret for you at the appeal hearing. For example; a relative or friend. If this is not at all possible, please phone 01204 331126 and we will try to arrange an interpreter for you.			
CONTACT DETAILS			
NAME OF PARENT(S)/CARER(S) Mr / Mrs / Ms / Miss / Dr:			
ADDRESS:			
			Postcode:
BEST DAYTIME TELEPHONE NUMBER:			
EMAIL ADDRESS:			
Parent/Carer Declaration (this must be signed in all cases) I declare that all the information I have provided to support this application for admission to Primary School is correct and complete. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I also 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:	

continued overleaf

