PETERBOROUGH DIOCESE BOARD OF EDUCATION

ADMIN USE

Year group: \_\_\_

Year of entry:

\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE OF APPEAL**

**INFANT CLASS SIZE – Years R, 1 & 2**

**Please return this form to: Appeals Administrator, Diocesan Board of Education,**

**Bouverie Court, 6 The Lakes, Northampton NN4 7YD**

I wish to appeal against the decision of the Governing body not to offer my child a place at Caroline Chisholm School, to start Please choose a date in Year Year Group

*Please bear in mind that admission appeals take 30 school days to arrange from receipt of this form into the education office. Please do not return this form to the school.*

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| **Child’s Details** | |
| **Surname:** Child’s Surname | **Date of Birth:** Date of Birth |
| **Forename:** Child’s Forename | **Gender:** Male/Female |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appellant Details** | | | | | | | | | |
| **Title:** Mr/Mrs etc. | | **Relationship:** Relationship | | | | | | | |
| **Forename:** Your Forename | | | | **Surname:** Your Surname | | | | | |
| **Home Address including postcode:**  Home address and postcode  Home address and postcode  Home address and postcode  Home address and postcode | | | | | | | | | |
| **I confirm this is the child’s home address: (Please check box)**  *If not, please enter the child’s address here:*  Child’s home address and postcode  Child’s home address and postcode  Child’s home address and postcode  Child’s home address and postcode | | | | | | | | | |
| **E-mail:** | E-mail. | | | | | | | | |
| **Home Telephone:** | Home Phone No. | | | | | | | | |
| **Mobile Telephone:** | Mobile Phone No. | | | | | | | | |
| **I will be attending the hearing:** *You will be advised of the date in advance. Please note, if you are unable to attend the appeal will be heard in your absence.* | | | | | | | | | Yes/No |
| **I wish to be accompanied by a friend:** | | | **Name:** | | | Name | | | |
| **Relationship:** | | | Relationship | | | |
| **I have applied via Northamptonshire County Council for a place in this year group:** *Appeals cannot be heard before an application has been made. Please apply on-line at www.northamptonshire.gov.uk/admissions* | | | | | | | | Yes/No | |
| **Date of application:** | Application Date | | | | **Application reference:** | | | Reference | |
| **Child’s Current School:** | | Current School | | | | | | | |
| **School Offered by NCC following Application:** | | | | | | | Offered School | | |
| **Reasons For Appeal.** *There are limited grounds for Appeal Panels to uphold appeals where an Infant Class (Years R, 1 & 2) contain or will contain 30 children with 1 qualified teacher. The 3 grounds are listed below. Please explain carefully how you believe one or more of these grounds is relevant to your case. Please include supporting evidence where necessary. Please read carefully the ‘Notes for Guidance’ sheet included with this form which explains this in more detail.* | | | | | | | | | |
| 1. My child would have been offered a place if the published admission arrangements had been properly implemented:   Please enter text here | | | | | | | | | |
| 1. My child would have been offered a place if the arrangements had not been contrary to mandatory provisions in the Schools Admissions Code and the law.   Please enter text here | | | | | | | | | |
| 1. The decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.   Please enter text here | | | | | | | | | |

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| **Signed:** Your name | **Date:** Date |