

FOR OFFICE USE ONLY

DATE OF RECEIPT:  
ACK TO EDU/SCH:  
ACK TO PARENTS:  
COMPUTER NO:

## **ADMISSION APPEAL TO VOLUNTARY AIDED PRIMARY SCHOOLS**

**Please complete and return this form either by email at [school.appeals@trafford.gov.uk](mailto:school.appeals@trafford.gov.uk) or by post to Democratic & Performance Services, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH by Monday 14<sup>th</sup> May 2018**

PARENTS' SURNAME:

MR/MRS/MISS/MS/DR:

APPEALING FOR: CHILD'S FULL NAME:

SCHOOL APPEALING FOR:

AND YEAR GROUP APPEALING FOR:

SCHOOL ALREADY OFFERED, IF ANY?

TYPE OF APPEAL: RECEPTION / TRANSFER

I AM HAPPY TO WAIVE MY RIGHTS TO 10 SCHOOL DAYS' NOTICE OF NOTIFICATION OF MY APPEAL HEARING YES / NO  
(This may enable us to timetable your appeal hearing on an earlier date)

DO YOU NEED AN INTERPRETER AT THE APPEAL HEARING?

If yes, please make arrangements for a relative or a friend to attend with you as an interpreter. This person will usually already have knowledge of your circumstances and can help explain your case to the Appeal Panel. If you still need assistance please ring the Appeals Section on telephone number 0161 912 2798

DO YOU HAVE ANY ACCESS REQUIREMENTS?

If yes, please ring the Appeals Section on telephone number 0161 912 2798

PLEASE INDICATE BELOW ANY DATES THAT YOU ARE NOT AVAILABLE TO ATTEND THE APPEAL HEARING (i.e. HOLIDAYS, APPOINTMENTS ETC.):

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**Note: There are limited grounds on which a panel can allow an appeal under infant class size legislation. The only three grounds for allowing your appeal are:**

**(a) If the Appeals Panel finds that the admission of additional children would not breach the infant class size limit**

**(b) If the Appeals Panel finds that 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**

**(c) If the Appeal Panel decides that the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.**

Please note that in this context '**not reasonable**' means that the decision would have been '**perverse in the light of the admissions arrangements**' i.e. it was 'beyond the range of responses open to a reasonable decision maker' or 'a decision which is so outrageous in its defiance of logic or of accepted moral standards that no sensible person who had applied his mind to the question would have arrived at it.'

**PLEASE SET OUT YOUR REASONS AND EVIDENCE FOR APPEALING BELOW AND INDICATE WHICH OF THE ABOVE GROUNDS (a), (b) & (c) YOUR APPEAL IS BASED UPON:**

**Continue on a separate sheet of A4 paper if necessary**

PARENT(S)' FULL NAME:

ADDRESS:

POST CODE:

TELEPHONE NO. (HOME):

(WORK):

(MOBILE):

CHILD'S NAME:

MALE/FEMALE:

CHILD'S DATE OF BIRTH:

Signature:

Date:

Please ensure that you give as much information as possible as to the reasons for your appeal, all papers/information received are treated with the utmost confidentiality and only the original paperwork will be retained for administration purposes, any other papers will be shredded after the appeal has been heard.

**If you have any difficulties, whether it is completing this form or getting it back on time please notify the Appeals Section immediately on telephone number 0161 912 2798**

For more information on the admission appeals process, parents are referred to the School Admissions Appeals Code 2012 published by the Department for Education.