

**INDEPENDENT EDUCATION APPEAL PANEL
PRIMARY SCHOOL ADMISSION - SEPTEMBER 2011**



**ROCHDALE
METROPOLITAN BOROUGH
COUNCIL**

"Excellence for Everyone"

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. This form should be completed and returned no later than Friday 6th May 2011 to –

Legal and Democratic Services

Committee Services Section

PO Box 15

Town Hall

Rochdale

OL16 1AB Tel: 01706 924719

I wish to exercise my right to appeal against the decision of the Local Authority to refuse my request for the admission of my child(ren) to the school of my preference.

NAME OF SCHOOL REQUESTED	
FULL NAME OF PUPIL	Forename(s) Surname
DATE OF BIRTH	D_____M_____Y_____ MALE / FEMALE
Present or previous Early Years Setting	
Has your child a Statement of Special Education Needs?	YES / NO
Do you need an interpreter at the appeal hearing?	YES* / NO
* If yes, please indicate which language:	
CONTACT DETAILS	
NAME OF PARENT(S)/CARER(S)	
ADDRESS	
	postcode
TELEPHONE NUMBER (daytime)	
SIGNATURE	DATE

Continued overleaf

MY REASONS FOR MAKING THIS APPEAL ARE:

A. MEDICAL/SOCIAL REASONS

(You must supply evidence from doctor, hospital or social worker etc)

B. CHANGE OF ADDRESS

(You must provide evidence of exchange of contracts on a property you are buying OR a copy of your rental agreement)

C. ANY OTHER REASONS

Continue on separate sheets if required