**If you are appealing for more than one child please complete a separate form for each child and each appeal.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILD DETAILS | Surname: Forename: | | | | |
| Date of birth: | Male / Female (please delete as appropriate) | | |  |
| School currently attending / last school attended:  Date child left (if applicable): | | | | | |
|  | | | Yes ✓ | No ✓ | |
| Is the child ‘Looked After’ by a local authority(in public care)?  If yes, please state which local authority and provide a contact number: | | |  |  | |
| Does your child have aStatement of Special Educational Needs? | | |  |  | |
| Is your child permanently excluded from school? | | |  |  | |

|  |  |  |
| --- | --- | --- |
| Appellant’s names: (parent/guardian/carer) Mr/Mrs/Miss/Ms/Dr/Other | | |
| Relationship of appellant to child:  (please specify - parent/guardian/carer/other) | | |
| Do you intend to be present at the appeal hearing? **Yes / No**  If yes, do you intend to be accompanied and if so by whom?  Have you any special requirements i.e. wheelchair access/hearing problems? **Yes/No**  **If yes please give details overleaf.** | | |
| Current Address:  Post code | New Address if you are moving:  Post code | |
| Email address: | Email address: | Date moving: |
| Telephone contact numbers: | | |

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Date received |  | Child’s Catchment School |  |
| Confirm PAN reached |  | Presenting Officer |  |
| Logged on system |  | Passed to legal |  |
| Acknowledgement letter sent |  | Processed by |  |

Do you have any other school aged children?

If so indicate their names, ages and schools they attend.

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Name of child’s present school |
|  |  |  |
|  |  |  |
|  |  |  |

Please state fully your reasons for seeking a place at this school. If you are stating medical, psychological or social reasons please ensure that professional evidence is attached, for example a letter from a doctor or professional stating the medical or social reasons which require your child to attend this particular school

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(continue on a separate sheet if necessary)

Any other specific needs (give details):

……………………………………………………………………………………………………………………………

I wish to appeal against the decision of Mill View Primary School not to allocate a place for my child.

**Signed: ……………………………………………………… Date: ………………………….**

**Please return this form to:** Mill View Primary School

Wealstone Lane

Upton

Chester

CH2 1HB