



SCHOOL APPEAL FORM

For admission to The Delamere Church of England Primary Academy

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

Please complete this form in black ink.

Web Version

The Delamere Church of England Primary Academy	YEAR GROUP
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CHILD DETAILS	Surname:	Forename:
	DOB	Male / Female <i>(please delete as appropriate)</i>

School currently attending / last school attended:

Date child left (if applicable):

	Yes ✓	No ✓
Is the child 'Looked After' by a Local Authority <i>(in public care)</i> ? If yes, please state which Local Authority and provide a contact number:		
Does your child have a Statement of Special Educational Needs?		
Is your child permanently excluded from school?		

Appellant's names: (parent, guardian or carer) Mr/Mrs/Miss/Ms/Dr *(please delete as appropriate)*

Relationship of appellant to child – *(please specify - parent/guardian/carers/other)*

Do you intend to be present at the appeal hearing? **Yes / No** *(please delete as appropriate)*

Have you any special requirements i.e. wheelchair access/hearing problems? **Yes/No**

If yes please give details overleaf.

Current Address:-	Address in Cheshire West and Chester to which you are moving:- <i>(if applicable)</i>	
Post code	Post code	
E-mail address:	E-mail address:	Date of 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		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 your reasons for seeking a place at this school (e.g. moving into area/domestic arrangements etc). If you are stating medical, psychological or social reasons **PLEASE ENSURE THAT PROFESSIONAL EVIDENCE IS ATTACHED** e.g. 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):

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I wish to appeal against the decision not to allocate a place for my child at the school named overleaf.

Signed: **Date:**

**Please return this form to: The Delamere C of E Primary Academy
Stoney Lane
Kelsall
Tarpoley
Cheshire County Council
CW6 0ST
admin@delamere.cheshire.sch.uk**