

Infant Class Size admission appeal form
Please read these notes before filling in this form.

You should fill in this form if you want to appeal against the decision not to offer your child a place at the school you prefer in Reception, Year 1 or Year 2 where class size legislation applies.

Please email your completed form to education.appeals@leeds.gov.uk or print and post your completed form to: Leeds City Council, PO Box 837, Admissions, LS1 9PZ. We will send you more details about the appeal hearing once we have arranged a date.

Section 1 – Child and Parent details (Please use CAPITAL LETTERS and black ink)			
Child's details			
First name		Surname	
Date of birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's permanent address and postcode		How long has your child lived at this address?	
School your child currently attends:			
School your child has been offered:			
Sibling details (name, DOB, current school):			
Parents details:			
Title and first name		Surname	
Your address and postcode (if different to child's)		Email address	
Daytime telephone number		Will you need an interpreter at the appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please state which language:

Appeal Received	Reference Number	Year Group	Class size of 30	Interpreter / Language

Section 2 - Reasons for your appeal

Your request for a place has been refused because the school has been filled with children who qualify under a higher criteria of the admission policy and to admit more children would breach class size legislation and could cause prejudice to the provision of efficient education or efficient use of resources in the school. Please note - no places are 'reserved' for children who are successful at appeal, therefore the independent appeals panel are looking for exceptional reasons why your child should be given a place at the school. Please set out your grounds for your appeal below. Continue on a separate piece of paper if necessary. Send us any evidence you feel might be relevant.

I am appealing for a place at: (School name)

Which I ranked as preference number (1-5):

Reason for appeal:

Your reasons above should explain which of the three grounds below apply. Please tick the box next to the relevant ground(s).

The law restricts the grounds on which Appeal Panels may grant appeals for Reception, Year 1 and Year 2 where the class size limit is 30. The only grounds for granting your appeal are:

- 1 If the admission of additional children would not breach the infant class size limit.
- 2 If the admission arrangements did not comply with admissions law or have not been correctly and impartially applied and your child would have been offered a place if the arrangements had complied or had been correctly and impartially applied.
- 3 That the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.

If you would like to appeal against more than one school refusal, please complete another Section 2 sheet

Data Protection Act 1998

Under the Data Protection Act 1998, we must tell you about the following. By signing this form you are giving us permission to use the information you give us to deal with your appeal against the decision not to offer your child a place at your preferred school. This will involve giving your information to Governance Services of Leeds City Council. We may also use the information you provide for monitoring and research purposes.

Declaration

I give you permission to use the information I have given on this form. I understand that you will use it within the local authority and that you will meet your responsibilities under the Data Protection Act 1998.

Your Signature:

Date: _____

Relationship to the child: _____

If you give false information on this form, we may withdraw any place that we have offered your child.

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