

**RECEPTION APPEAL FORM (INFANT CLASS SIZE) - SEPTEMBER 2025 START**

**\*PLEASE READ THE ATTACHED GUIDANCE NOTES BEFORE COMPLETING THIS FORM\***

1. **Name of the school I wish to appeal for a place at for my child:**

**…………………………………………………………………………………………………………..**

1. **Name of the school my child has been offered a place at:**

…………………………………………………………………………………………………………..

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| --- |
| **3.    Childs Details:** |
| Forename: |  |
| Surname: |  |
| Date of birth: |  |
| Gender: |  |
| Address: |  |
| Post code: |  |

|  |
| --- |
| **4.    Parent / Guardian Details:**  |
| Title: | Mr / Mrs / Miss / Ms |
| Forename: |  |
| Surname: |  |
| Address: |  |
| Post code: |  |
| Email: |  |
| Phone number: |  |

**5. At the appeal hearing (Please tick boxes as appropriate):**

|  |  |
| --- | --- |
| **Personal Appeal:**1. I will attend the appeal hearing to verbally present my case
 |  |
| 1. A representative / friend / relative will attend the appeal hearing with me
 |  |
| 1. A representative / friend / relative will attend the appeal hearing on my behalf to verbally

present my case |  |
| 1. I will bring a representative / friend / relative to interpret for me at the appeal hearing
 |  |
| Representative / friend / relative’s full name: |
| Representative / friend / relative’s email address: |
| **Written Appeal:** Please use my written statement.1. I will not be attending the appeal hearing, nor will a representative / friend / relative.
 |  |

**6. Written statement in support of my appeal**

An appeal is against the decision of a school not to offer your child a school place.

Schools have a set number of places to fill. This is called the published admission number (PAN). The school for which you are appealing has declared that they have reached their PAN and are unable to admit an extra child to the year group.

The school for which you are appealing has declared that the admission of an additional child would breach the infant class size limit and therefore they cannot admit your child. Whilst you can appeal on any grounds that you think are relevant, the Appeal Panel may only uphold the appeal where it finds:

1. The admission of additional children would not breach the infant class size limit.

**If you wish to appeal on these grounds, please explain your reasons below:**

1. The admission arrangements did not comply with admissions law or were not correctly and impartially applied, and that the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied.

**If you wish to appeal on these grounds, please explain your reasons below:**

1. The decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.

**If you wish to appeal on these grounds, please explain your reasons below:**

Signature of Parent / Guardian: ……………………………………………………………………………….

Date: ………………………………………………………………………………………………………………

Please return completed form by email to: Schooladmissionappeals@ealing.gov.uk

### If you have any difficulty returning the form by email, please phone: 0208 825 7946