BOLTON METROPOLITAN BOROUGH COUNCIL LOCAL AUTHORITY

and the

SCHOOLS COMMISSION OF THE DIOCESE OF SALFORD

(FOR OFFICE USE ONLY)
DATE RECEIVED

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INDEPENDENT EDUCATION APPEALS PANEL APPEAL AGAINST REFUSAL FOR ADMISSION INTO A PRIMARY SCHOOL IN SEPTEMBER 2022

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. WHEN COMPLETED **EMAIL** THIS FORM TO: **DemocraticServices@bolton.gov.uk**

Or post it to: THE CLERK TO THE INDEPENDENT APPEALS PANEL, C/O DEMOCRATIC SERVICES, 2ND FLOOR TOWN HALL, BOLTON, BL1 1RU

I wish to exercise my right to appeal against the decision of the Local Authority/Admission Authority School to refuse my request for the admission of my child to the school of my choice.

NAME OF SCHOOL APPEALING FOR:							
FULL NAME First Name OF PUPIL:	:(s):	Last Name:	Last Name:				
DATE OF BIRTH: Date	: Month:	Year:	MALE / FEMALE				
PRESENT OR PREVIOUS	NURSERY:						
Has your child got an Ed	ucation, Health & Care Plan	? Y	'ES / NO				
DETAILS OF ALL OTHER	R CHILDREN <u>UNDER</u> 16 YEA	RS OF AGE:					
First name(s)	Last name	Date of Birth	School (if any)				
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Please Note: If English is not your first language and you will require assistance, please ask someone to interpret for you at the appeal hearing. For example; a relative or friend. If this is not at all possible, please phone 01204 331126 and we will try to arrange an interpreter for you.							
NAME OF PARENT(S)/CAR	FR(S) Mr / Mrs / Ms / Miss / Dr:						
NAME OF PARENT(S)/CARER(S) Mr / Mrs / Ms / Miss / Dr:							
ADDRESS:							
		P	ostcode:				
BEST DAYTIME TELEPH	ONE NUMBER:						
EMAIL ADDRESS:							
Parent/Carer Declaration (this must be signed in all cases) I declare that all the information I have provided to support this application for admission to Primary School is correct and complete. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I also consent to this information being shared with the Independent School Admissions Appeal Panel Members, the school I am appealing for and other officers involved in the process.							
SIGNED:		DATE:	continued overleaf				

Regulations limit the size of an infant class to 30 pupils per school teacher and in Bolton the published admission limit for each school reflects this (i.e. 30, 45, 60). Only in very limited circumstances can admission over the limit be permitted.

The independent appeal panel will only be able to consider allowing your appeal if you can provide evidence that

- 1. The admission of an additional child would not breach the infant class size limit; or
- 2. It finds that the admission arrangements did not comply with admission law or were not correctly and impartially applied <u>and</u> that the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied; or
- 3. It decides that the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case (The threshold for this is high and the School Admission Appeals Code Section 4 4.10 suggests that this would be where it was "beyond the range of reasonable responses open to a reasonable decision maker or which is so outrageous......no sensible person who had applied his mind to the question could have arrived at it"

With this in mind you must indicate below which section of the legislation your appeal is made under and provide evidence to support that.

If you are unable to provide any evidence to support that the admission authority has breached Code and they can find no evidence of that then the independent Appeal Panel must refuse y appeal at the first stage.	the our
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Continue on separate sheets if required