Stockport
Independent Appeals Panel

Secretary to the Independent Appeals Panel
Corporate and Support Services
Democratic Services
Town Hall, Stockport SK1 3XE

Tel: 0161-474-3216
Fax: 0161-474-3240
Email: admission.appeals@stockport.gov.uk

OFFICE USE ONLY
Date Sent: ___ / ___ / ___
Date Received: ___ / ___ / ___

Please complete in black ink using block capitals

About Your Child

Name of Child _____

Date of Birth _____ **Sex** Male ◯ Female ◯

Does your child have an Educational Health & Care Plan? ☐

Has your child been previously excluded from school? * ☐
*If yes please indicate which schools: _____

Do you have any other children in your family?
Sibling refers to brother or sister, half brother or sister, adopted brother or sister, step brother or sister, or the child of the parent/carer's partner.

Name _____ Current school _____ Date of Birth _____

Name _____ Current school _____ Date of Birth _____

Name _____ Current school _____ Date of Birth _____

About Your Appeal

School currently attending or allocated: _____

Name of Preferred School: _____

Current year group: _____

Do you need an interpreter? Yes ☐ **No** ☐ If yes, which language?: _____

Do you intend to be present at the appeal? Yes ☐ **No** ☐

Your Contact Details

Name of Parent/ Guardian(s) _____

Address _____

_____ **Post Code** _____

Email: _____

Home Tel _____ **Daytime Tel** _____ **Mobile** _____

Your Reasons for Making this Appeal

Please include any MEDICAL, SOCIAL OR EDUCATIONAL reasons for your appeal. Please also provide details below if you have changed address and wish this to form part of your appeal.

NOTE: You are encouraged to supply evidence from doctor, hospital, health visitor or social worker etc or evidence of exchange of contracts on a property you are buying OR a copy of your rental agreement

Please continue on a separate sheet if necessary

Declaration

I declare that all information I have given is correct. I understand that the information on this form and accompanying documents will be shared with the Admissions Authority and members of the Independent Appeals Panel for the purposes of considering the appeal.

Signed: _____ **Date:** _____

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