**The Spring Partnership Trust**

**PRIMARY ADMISSIONS APPEAL FORM**

Please complete this form if you wish to appeal against the decision of The Spring Partnership Trust not to offer your child a place at Midfield Primary School.

Before completing this form, please ensure that you have received written/emailed notification from the Local Authority that your child has not been offered a place at Midfield Primary School.

**Please note appeals for reception to year 2 will be considered under the infant class size legislation.**

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| Year Group |
|  |
| **Child’s details**  |
| Your Child’s first name:  |  | Surname:  |  |
| Date of birth: |  | Gender (male or female):  |  |
| Address: |  |
| Postcode: |  |

|  |
| --- |
| **Your details** |
| Your full name: |  |
| Your relationship to the child:(e.g. parent/legal guardian) |  |
| Telephone number: | Day:  | Evening:  |
| Email address: |  |

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| In the box below, please give your **reasons for appealing** against the decision not to offer your child a place, giving as much information as possible to explain your case. Please continue a separate sheet if necessary.  |
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| **Appeal hearing** |
| I will be attending the appeal hearing  | (If you cannot attend, the appeal will be heard in your absence) |
| I will bring a friend/relative  |  |
| If you plan to attend the hearing, please indicate any dates or times of day when you would be unavailable:  |
| You have a statutory right to 10 school days’ notice of the appeal hearing date, but this can be waived. This may enable us to hear your appeal more quickly. I agree to waive the right to 10 school days’ notice of the hearing date \*Yes/No ***\*Delete as appropriate*** |
| Do you need an interpreter to attend the hearing? | If yes, please state the language required:  |

|  |  |  |
| --- | --- | --- |
| Signed: |  | Date:  |

Please return this completed form to:

Leesons Primary School

Leesons Hill

Orpington

BR5 2GA

admin@leesons.bromley.sch.uk