

BURFORD PRIMARY SCHOOL

**Please complete and return this form to the school office no later than
20 school days from the date of the letter or refusal**

| | | | | |
|--------------------------|----------|--|---------|--|
| Name of Parent/Guardian: | | | | |
| Address: | | | | |
| | | | | |
| | | | | |
| Telephone Number: | Daytime: | | Mobile: | |
| Email: | | | | |

We / I wish to appeal against the Governors decision to refuse a place for:

| | | | |
|-----------------------|--|--|--|
| Name of Child: | | | |
| Date of Birth: | | | |
| Year Group: | | | |
| Starting date sought: | | | |

| | | | |
|--|--|-------|--|
| Criteria for entry (as per published admissions criteria): | | | |
| Signed: | | Date: | |

Notice of hearing date – agreement to reduction in notice time

The Clerk to the Independent Panel is normally required to give you 10 school days' notice of the hearing date. However, you may waive your right to that notice in order that your appeal may be heard at an earlier date, but this may result in the case papers being sent to you just before the hearing instead of the usual timescale.

I wish to waive my right to the 10 school days' notice of the hearing and I understand that this may result in a shorter time scale to consider the case papers.

If you wish to waive your right, please print and sign your name below:

| | | | |
|---------|--|-------------|--|
| Signed: | | Print name: | |
|---------|--|-------------|--|

Grounds for appeal - Please give details of the reasons why you believe your child should be admitted to the school. You should continue on additional sheets if required. You should ensure you include any documents that you feel might strengthen your case. **The grounds for your appeal must be set out in writing (School Admissions Appeal Code 2022 para 2.5)**