



School Admissions Appeal Form

(PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK)

Only complete this form if you are appealing for a Reception or Year 3 onwards place 2026-27

Please provide the following information in full, stating "not applicable" where appropriate. The decision of the Appeal Panel will be based on the facts, information and supporting evidence provided at the time of the appeal. False information will invalidate your appeal.

Please tick as appropriate

I / We are appealing for a place (a) in September ☐ (b) now ☐ (c) other ☐

Is the child looked after or previously looked after by a Local Authority? Yes ☐ No ☐

Child's current school _____

Child's legal surname _____

Child's first name (s) _____

Date of birth _____ Year group _____

Parent(s)/ Carer(s) names _____

Address _____

_____ Postcode _____

Telephone numbers _____

Email _____

Details of other children in the family:

Name(s)	Date of Birth	Schools(s) attended

GROUNDS FOR APPEAL

PLEASE COMPLETE THIS FORM IF YOU ARE APPEALING FOR A PLACE IN RECEPTION OR YEAR 3

If you have evidence that you want to use to support your appeal it is your responsibility to obtain and attach it to this form (or send it to the School Appeals Officer at least seven days in advance of the hearing).

Please indicate which of the following grounds you are appealing under:

- ☐ I do not think the admission of my child would breach the infant class size limit
- ☐ I think the admission arrangements did not comply with the mandatory requirements of the School Admissions Code or School Standards and Framework Act
- ☐ I think the admission arrangements were not correctly and impartially applied in my case, which meant my child did not get a place
- ☐ I think the decision to refuse my application was not one which a reasonable admission authority would have made in the circumstances of the case (please read the ['Parent\(s\)/Carer\(s\) Guide to School Admission Appeals for Reception, Years 1 & 2'](#) for the definition of reasonable)

Please set out clearly your reasons below:

Please continue on a separate sheet if necessary.

I will need an interpreter or signer at the Appeal Hearing

Yes ☐ No ☐ *

I will require special arrangements for the Appeal Hearing

Yes ☐ No ☐ *

* Delete which does not apply and provide details below if necessary

Signed _____

Date _____

Please return this form by email to: office@cccpschool.com or by post to Corpus Christi Catholic Primary School, St James's Square, Boscombe, Bournemouth, Dorset, BH5 2BX.

General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 - We process your personal information in accordance with GDPR and Data Protection Act 2018. If you would like to know how we use your information, please see our Privacy Notice [add link](#).

In accordance with the DPA 2018 we are required to keep the information we hold about you up to date and accurate. By signing this form you are confirming the information is correct.