



Notice of Parental Appeal against a decision not to offer a place at Highfield Infants/Junior School

I wish to appeal against the decision not to offer my child a place at Highfield Infants/Junior School (delete as appropriate)

1. Child's name (in CAPITAL LETTERS please):

Surname First name

Date of birth Year Group.....

2. Home address

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..... Post Code

3. Contact telephone number(s):

Home Other

4. To assist in arranging a date suitable to you, please give any dates up to the end of July when you are not available.

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5. Do you require an interpreter YES/NO

If YES, which language?

There are only three grounds on which appeals to infant classes may be considered. Please indicate below, which of these grounds you believe applies in your case.

6. The reasons for my appeal are: (Please continue on separate sheets if necessary)

a) That the admission of my child would not breach the infant class size limit

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c) That the decision not to admit your child was not one which a reasonable Admission Authority would make in the circumstances of the case.

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Signed Date
(mother/father/legal guardian/carer)

Title: Mr/Mrs/Miss/Ms Name:

Please return the completed form to:
Highfield Junior School, South Hill Road, Shortlands, Bromley, BR2 0RL