

# Appeal to the Independent Panel

Before completing this form, please read carefully the instructions on the back page.

**I wish to appeal for a place to be offered to my child at St Anne's Academy**

Year Group: \_\_\_\_\_

**Child's name, date of birth and age:**

Forename: \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Current school or last school attended:**

School Name: \_\_\_\_\_

Year Group (if known): \_\_\_\_\_

**Child's full home address:**

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

**Parents' details:**

Parent/Carer 1

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Carer 2

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please read instructions on the last page before completing.

## Parents' Statement to the Appeal Panel

Please Tick:

*I understand that my child has been refused a place at St Anne's Church of England Academy because the school is full in the year group. However, I would like to appeal for my child to go to this school for the following reasons:*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.



## Instructions

It is important that you read the guide *Appealing for a school place*.

If admission on medical grounds is one of the reasons for your appeal, medical evidence must be provided for the appeal panel members.

Copies of any supporting information must be attached, but you can add further information later if necessary.

One or both parents must sign the appeal form.

The completed appeal form with any relevant enclosures should then be returned as soon as possible to:

The Clerk to the Independent Appeals Panel,  
C/o, St Anne's Church of England Academy,  
Hollin Lane,  
Middleton.  
M24 6XN

If your appeal form has not been acknowledged within seven days you should contact the school, please call (0161) 643 2643.

Please return the form as soon as possible. If you are waiting for evidence or further information, please do not delay sending in the completed form. Additional information can be added later.

---

NB - The information you provide in this form will be used for the purpose of processing your appeal application for admission to the school on the legal basis of public task in accordance with our privacy statement which can be found at:

<http://cranmereducationtrust.com/wp-content/uploads/2018/07/Privacy-Notice-for-Pro prospective-Students.pdf>