

**CORPUS CHRISTI CATHOLIC PRIMARY SCHOOL
NOTICE OF PARENTAL APPEAL AGAINST THE DECISION NOT TO
OFFER A PLACE AT THEIR PREFERRED PRIMARY SCHOOL**



Please complete the following in **black** ink and **BLOCK CAPITALS**:

CHILD'S DETAILS	
FIRST NAME(S)	
SURNAME	
DATE OF BIRTH	
FULL ADDRESS	
POSTCODE	
PARENT(S) OR GUARDIAN(S) DETAILS	
FIRST NAME(S)	
SURNAME(S)	
DAYTIME TELEPHONE NUMBER	
HOME TELEPHONE NUMBER	
FULL ADDRESS (If different from child)	
POST CODE	

Infant Classes are restricted by the legislation to 30 children. Parents should be aware that an appeal against refusal of a place in an infant class may only succeed if it can be demonstrated that:-

- a. the admission of additional children would not breach the infant class size limit: or
- b. the admission arrangements did not comply with admissions law or had not been correctly and impartially applied and the child would have been offered a place if the arrangements had complied or had been correctly and impartially applied;
- c. or the panel decides that the decision to refuse admission was not one which a reasonable admission authority would have made in the circumstances of the case.

This form overleaf should be completed and returned to:

**The Clerk to the Governors
Corpus Christi Catholic Primary School
Chestnut Grove
New Malden
KT3 3JU**

By Friday 15th May 2022 by 5pm

APPEAL FOR A PLACE AT CORPUS CHRISTI CATHOLIC PRIMARY SCHOOL



CHILD'S FIRST NAME(S) _____ **LAST NAME** _____

Please complete your statement as clearly and briefly as possible. You may continue on extra pages if necessary. Please make sure you sign and date it at the bottom. You can appeal under any or all of these sections, as you think right.

a.

b.

c.

Signed: _____

Relationship to child: _____

Date: _____