School Appeal Form

Please complete this form in black ink – by 15th July 2025

If you are appealing for more than one child or for more than one school please complete a separate form for each child and each appeal.

**You cannot appeal unless you have made an application for a school place and have been notified in writing of the reason why your child could not be admitted into the relevant year group.**

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| **Reason for Appeal**  |
| Please tick the appropriate box | Yes ✓ |
| I do not believe that the admission arrangements comply with admission law and had they been compliant my child would have been offered a place at the school |  |
| Please give reasons: |
| I do not believe that the admission arrangements were correctly and impartially applied, and had they been so my child would have been offered a place |  |
| Please give reasons: |
| I believe that the decision to refuse admission was not one which a reasonable authority would have made in the circumstances of the case |  |
| Please give reasons: |
| Please state any other grounds you wish to be considered. (continue on a separate sheet if necessary) |

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| **Supporting Information**If you wish to include supporting documentation, please send your evidence to the School using the contact details below, clearly stating your child’s name and date of birth and which appeal the information relates to. **Please note: all supporting documentation must be provided at least seven days before the appeal.** |
| **Child’s Details** |
| Child’s Surname: | Child’s Forename: |
| Date of birth: | Male/Female (please delete as appropriate) |
| School currently attending / last school attended:Date child left (if applicable): |
| School where your child has been offered a place |
|  | Yes ✓ | No ✓ |
| Is the child ‘looked after’ by a local authority(in public care) or has previously been ‘looked after’ but ceased to be so because they were adopted (or became subject to a residence or special guardianship order)?If yes, please state which local authority and provide a contact number: |  |  |
| Does your child have astatement of special educational needs? |  |  |
| Is your child permanently excluded from school? |  |  |
| **Parent, Guardian or Carers Details** |
| Your name: (parent, guardian or carer) Mr/Mrs/Miss/Ms/Dr (please delete as appropriate)  |
| Relationship to child:(please specify - parent/guardian/carer/other) |
| Do you intend to be present at the appeal hearing? Yes / No (please delete as appropriate)Have you any special requirements i.e. wheelchair access/hearing problems? Yes/NoIf yes please give details:  |
| Current Address:Post code: | Address in Cheshire West and Chester to which you are moving:(if applicable)Post code:Date of moving: |

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| E-mail address: |
| Telephone contact numbers: |
| Other Children |
| If you have any other school age children, please give details below:  |
| Child’s Name | Date of Birth | Name of Child’s Current School |
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| **Any Other Specific Needs** |
| Please give details: |
| Agreement |
| I wish to appeal against the decision of the Governing Body of Ellesmere Port Catholic High School not to allocate a place for my child at the school named. I confirm that the information I have provided is accurate and correct and I understand that at the appeal hearing I will be open to challenge on the details and evidence I have provided.Signed: …………………………………………………… Date: ……………………………………………. |

Please return this form to:

Admission Appeals

Ellesmere Port Catholic High School

Capenhurst Lane

Whitby

Ellesmere Port CH65 7AQ

Email: admin@epchs.co.uk

**Forms must be submitted by 15th July 2025**

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| ***School use only*** |  |
| Date form received |  |
| Acknowledgement sent |  |
| Passed to Democratic Services |  |
| Admission Intake Number | 180 |