

ADMISSION APPEAL FOR OUSEDALE SCHOOL

Appeals for Ousedale School are being administered by the Education Appeals Team at Buckinghamshire Council. Please return this form to the address at the end of this form and not to the school direct.



Ousedale School
Aspire | Believe | Achieve

If you wish to appeal against the non-allocation of a place at Ousedale School, please return the completed form with any supporting documents immediately to the Education Appeals Team at Buckinghamshire Council, **no later than 20 school days from the notification date i.e. the date of the letter refusing your school application.** Please note that appeals for Ousedale are for the school as a whole and not for a particular campus.

Before completing this form, please read the Parents' Guide to Appeals, as it contains important information to help you with your appeal.

Name of Pupil:	Date of Birth:	Boy / Girl <input type="checkbox"/> <input type="checkbox"/>
Current Year Group	Year Group Applying for:	
Name of Parent/Guardian: (Mr/Mrs/Miss/Ms/Dr)	Address:	
Telephone number:	Email:	
Does your child currently hold a Statement of Special Education Needs or an Education, Health and Care Plan, or is currently under assessment for an Education, Health and Care Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you believe your child has a disability as defined by the Equality Act 2010?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What school is your child currently attending?	
What school have you been offered by the Admission Authority?	

Please tell us anything about your access needs (e.g. do you need an interpreter, wheelchair access?)	
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Please turn over.....

You must explain below why you are appealing. Please send any supporting evidence with this form (but not school work or certificates).

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(If you need more space, attach a separate sheet making sure you begin with your child's name and date of birth).

Parent/Guardian Declaration:

- I confirm that the information given for this appeal is, to the best of my knowledge, true. I understand that giving false or misleading information may lead to the withdrawal of any offer of a school place by the Admission Authority.
- I understand that if I do not attend the appeal hearing (and do not send a representative), my appeal will be heard in my absence on the basis of the information I have supplied on this form and any other information I have submitted by the hearing date.
- I am the parent/legal guardian for the child.

Signature _____

Date: ___ / ___ / ___

**Please return your completed form to:
The Education Appeals Team
Buckinghamshire Council, Walton Street Offices
Aylesbury, Buckinghamshire. HP20 1UA
email: appeals@buckinghamshire.gov.uk**