

Request for an Infant Class Size Appeal of an Admission Decision



Cambridgeshire
County Council

This form should be completed by an adult with parental responsibility for the child.
Please print all information

1. YOUR CHILD

First name (in full) Family Name

Date of Birth Male Female

Address where child usually lives

..... Postcode

If your child lives part time at another address, please provide details here :

Address:.....

..... Postcode

How is your child's time divided between the two addresses?

.....

Current/Last School Year Group

Does your child have a statement of Special Educational Needs? YES NO

2. YOUR DETAILS

TITLE: Mr/Mrs/Miss/Ms/Dr Initials..... Surname.....

Relationship to child

Your Address (if different from above)

..... Postcode

Tel No (Home) Other Contact No.

Email address.....

3. OTHER ADULT(S) WITH PARENTAL RESPONSIBILITY

TITLE: Mr/Mrs/Miss/Ms/Dr Initials.....

Surname.....

Relationship to child

Address (if different from above)

..... Postcode

Tel No Other Contact No.....

Email address

