SCHOOL STANDARDS AND FRAMEWORK ACT 1998
SCHOOL ADMISSION APPEAL FORM

WOKINGHAM
BOROUGH COUNCIL

If you would like to access this form on line please go to www.wokingham.gov.uk/schools/schoolappeals

Please complete the form using black ink if possible

PUPIL AND SCHOOL DETAILS		
PUPIL'S SURNAME	**DATE OF BIRTH**	**AGE**
PUPIL'S FIRST NAME(S)	**MALE/FEMALE**	
PREFERRED SCHOOL - If you wish to appeal for more than one school please contact the clerk for advice	**YEAR GROUP** (Please state the year group to which the appeal relates)	
PRESENT OR PREVIOUS SCHOOL (if applicable)	**ALLOCATED SCHOOL (if applicable)**	
DOES YOUR CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS? (Note: If yes, you cannot go through this appeals process. You should contact Special Education Needs Department on 0118 974 6126		**YES/NO**
If your child has been permanently excluded more than once, please give date of the last exclusion.		

PARENT/GUARDIAN DETAILS			
TITLE	**INITIAL(S)**	**SURNAME**	**RELATIONSHIP TO PUPIL**

CURRENT ADDRESS **POST CODE:**	For Office Use Only Date Stamp
CONTACT DETAILS **TEL HOME:** **TEL WORK:** **TEL MOBILE** **E MAIL:**	Appeal Number

EXPECTED CHANGE OF ADDRESS Complete this section only if you are due to or expecting to move home. If this forms part of the reason for your appeal you should forward proof of exchange of contracts for your new property or proof of residence for your new address to the Clerk as soon as possible.	
NEW ADDRESS **POST CODE**	**EXPECTED MOVING DATE (if known)** **TELEPHONE NUMBER (if known)**

GROUNDS/REASONS FOR SUBMITTING THE APPEAL

You should state your grounds for appeal in the space below and include the reasons for your preference. You may attach additional sheets to this form.

Wherever possible, you should provide supporting evidence of your case e.g. a letter/report from a doctor or other professional person. The Clerk cannot contact your doctor or others; **it is YOUR responsibility to obtain any supporting evidence.**

If your appeal is for a place in Reception, Year 1 or Year 2 of a primary or an infant school AND your letter refers to infant class size prejudice or the legal requirement for only 30 pupils in a class with a single teacher, you should read pages 20 to 22 of our guide**.**

(Please continue on additional sheets, if necessary.)

If your child has a disability as defined by the Disability Discrimination Act and your case is that the Local Authority has discriminated against your child when considering his/her admission to your preferred school – please provide details.

If you believe your child has been discriminated against under the Race Relations Act please provide details.

SIGNATURE AND DATE	
SIGNATURE	**DATE**

ARRANGEMENTS FOR THE HEARING

This part of the form asks you to provide information which would enable the Clerk to make arrangements prior to the appeal hearing. Please tick the box below.

☐	If you require an interpreter – please state your language:
☐	if you are deaf and would need a sign interpreter
☐	if you use a wheelchair
☐	if you are blind or partially sighted

IMPORTANT NOTES

1. **In order to proceed with an appeal, you need to have a letter from the Local Authority which refuses your child a place at the school.** Please contact the Council's School Admissions Team on 0118 974 6225/6143/6146/6111/6113 if you require assistance in this regard. Please do not complete the enclosed form if you have not received such a letter.

2. Do not use the enclosed form but contact the school directly if you wish to appeal for a place at one of the following schools:

   - All Saints Church of England Aided Primary School 0118 978 7173
   - Earley St Peter's Church of England Aided Primary School 0118 926 1657
   - Finchampstead Church of England Aided Primary School 0118 973 2166
   - Grazeley Parochial Church of England Aided Primary School 0118 988 3340
   - Saint Sebastian's Church of England Aided Primary School 01344 772 427
   - Shinfield St Mary's Church of England Aided Junior School 0118 988 3663
   - Sonning Church of England Aided Primary School 0118 969 3399
   - Piggott Church of England Aided Secondary School 0118 940 2357

3. Do not use this form if you are appealing for a place at a school in another Local Authority area, for example in Windsor and Maidenhead, Reading, Bracknell Forest or Hampshire. In these cases you should seek an appeal form directly from the relevant Local Authority.

4. Once you have completed your appeal form, you should return it to:

Clerk to the Appeal Panel
Democratic Services
Wokingham Borough Council
Shute End
Wokingham
RG40 1WH

You will receive an acknowledgement on receipt of the form.

If you have any queries please telephone, fax or email the numbers below

Luciane Bowker **Team Support Officer** **Tel 0118 974 6053**
Fax 0118 974 6057 **Email school.appeals@wokingham.gov.uk**

This publication is a school admission appeal form. If you need this document in another language please telephone (01753) 701158

Punjabi

"ਇਹ ਪਤੱਰ ਸਕੂਲ ਦਾਖਲੇ ਵਾਸਤੇ ਅਪੀਲ ਦਾ ਫ਼ਾਰਮ ਹੈ। ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਫ਼ਾਰਮ ਕਿਸੇ ਦੂਸਰੀ ਬੋਲੀ ਵਿਚ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਫ਼ੋਨ ਕਰੋ: **(01753) 539944"**

‚Niniejszy dokument jest wnioskiem apelacyjnym od decyzji szkoły w sprawie naboru uczniów. Jeżeli chcesz otrzymać przetłumaczoną wersję formularza zadzwoń na numer (01753) 701158.'

یہ اشاعت سکول میں داخلے کی اپیل کا فارم ہے۔ اگر آپ اشاعت کو کسی اور زبان میں حاصل کرنا چاہیں تو برائے مہربانی اس نمبر پر 539944 (01753) رابطہ کیجئے

這份文件是關於申請入學的上訴表格。如果你想索取這份文件的中文譯本，請致電 (01753) 701158

Data Protection Act 1998
The information collected on this form will be retained by this department and the LA on a database which will be kept strictly confidential and will be used for no purpose other than appeals. Information will be made available to panel members as part of the appeals process. We may keep your information for five years.

Updated January 2013