

**SCHOOL STANDARDS AND FRAMEWORK ACT 1998  
SCHOOL ADMISSION APPEAL FORM**



**WOKINGHAM  
BOROUGH COUNCIL**

To access this form online please go to [www.wokingham.gov.uk/schoolappeals](http://www.wokingham.gov.uk/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? If yes, you cannot go through this appeals process. You should contact Special Education Needs Department on 0118 974 6216			YES NO
If your child has been <b>permanently excluded</b> more than once, please give date of the last exclusion.			DATE

PARENT/GUARDIAN DETAILS			
TITLE	INITIAL(S)	SURNAME	RELATIONSHIP TO PUPIL
CURRENT ADDRESS			For Office Use Only Date Stamp
POST CODE:			
CONTACT DETAILS			Appeal Number
TEL HOME:			
TEL WORK:			
TEL MOBILE			
E MAIL:			

**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**

**EXPECTED MOVING DATE (if known)**

**TELEPHONE NUMBER (if known)**

**POST CODE**

**GROUND/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 the relevant pages in 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 note that if you require an interpreter this will be arranged at no cost to you. However, you may prefer to bring along a friend or relative who speaks your language. A friend or relative who knows your circumstances may be better suited to assist you than a professional interpreter. Please tick the box below.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | If you require an interpreter – please state your language: |
| <input type="checkbox"/> | if you are deaf and would need a sign interpreter           |
| <input type="checkbox"/> | if you use a wheelchair                                     |
| <input type="checkbox"/> | if you are blind or partially sighted                       |

### IMPORTANT NOTES

- In order to proceed with an appeal, you need to have a letter/ email from the Local Authority which refuses your child a place at the school. Please provide a copy of this and send in with the appeal form.** Please contact the Council's School Admissions Team on 0118 974 6000 if you require assistance in this regard. **Please do not complete the enclosed form if you have not received such a letter.**
- If you have been refused a place at one of the following schools, these schools have their own appeals process - please contact them directly for more information.**
  - All Saints Church of England Aided Primary School*
  - Beechwood (Frays Academy Trust)*
  - Bohunt Wokingham School*
  - Coombes Primary School (Keys Academy Trust)*
  - Crazies Hill Primary (Keys Academy Trust)*
  - Earley St Peter's Church of England Aided Primary School (Keys Academy Trust)*
  - Finchampstead Church of England Aided Primary School*
  - Grazeley Parochial Church of England Aided Primary School*
  - Hatch Ride Primary (Corvus Learning Trust)*
  - Nine Mile Ride Primary School – (The Circle Trust)*
  - Oaklands Infant & Junior Schools (Corvus Learning Trust)*
  - Polehampton C of E Infant & Junior Schools (Keys Academy Trust)*
  - Shinfield Infant and Nursery School (The Circle Trust)*
  - Shinfield St Mary's Church of England Aided Junior School*
  - Sonning Church of England Aided Primary (Keys Academy Trust)*
  - St Crispin's School - (The Circle Trust)*
  - St Nicholas Primary School (Keys Academy Trust)*
  - St Sebastian's Church of England Aided Primary School*
  - The Emmbrook Secondary School (The Circle Trust)*
  - Waingels College*
  - Wescott Infant School - (The Circle Trust)*
  - Westende Junior School – (The Circle Trust)*

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. The information you provided will be forwarded to the Independent Appeals Panel and to the School Admissions department.

If you have any queries please email:

**Jill Neto / Kathryn Jane**

**Administrator**

**Email [school.appeals@wokingham.gov.uk](mailto:school.appeals@wokingham.gov.uk)**

**This publication is a school admission appeal form. If you need this document in another language please telephone (0118) 974 6000**

**Punjabi**

ਇਹ ਪਤਰ ਸਕੂਲ ਦਾਖਲੇ ਵਾਸਤੇ ਅਪੀਲ ਦਾ ਫਾਰਮ ਹੈ। ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਫਾਰਮ ਕਿਸੇ ਦੂਸਰੀ ਬੋਲੀ ਵਿਚ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਫੋਨ ਕਰੋ: (0118) 974 6000

**Niniejszy dokument jest wnioskiem apelacyjnym od decyzji szkoły w sprawie naboru uczniów. Jeżeli chcesz otrzymać przetłumaczoną wersję formularza zadzwoń na numer (0118) 974 6000.**

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 رابطہ کیجئے 0118 974 6000

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 (0118) 974 6000

### **Data Protection Act**

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. If you would like more information about how the Council uses your data, please see our Privacy Notices which are available:

<http://www.wokingham.gov.uk/council-and-meetings/information-and-data-protection/privacy-statement/>

Updated January 2023