SCHOOL STANDARDS AND FRAMEWORK ACT 1998 SCHOOL ADMISSION APPEAL FORM



To access this form online please go to 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/FEMA	LE		
PREFERRED SCHOOL - If you wish to appeal for more than one		YEAR GROUP (Please state the year			
school please contact the clerk for advice		group to which the appeal relates)			
PRESENT OR PREVIOUS SCHOOL ALLOCATED SCI		IOOL			
(if applicable)	(if applicable)				
DOES YOUR CHILD HAVE AN EDUCATION HEALTH A	AND CARE PLAN?		YES		
If yes, you cannot go through this appeals process. You should contact Special Education		NO			
Needs Department on 0118 974 6216		NO			
If your child has been permanently excluded more than once, please give date of the last exclusion.			DATE		

PARENT/GUARDIAN DETAILS				
TITLE	INITIAL(S)	SURNAME	RELATION	ISHIP TO PUPIL
CURRENT A	DDRESS			For Office Use Only Date Stamp
POST CODE	:			
CONTACT D	ETAILS			
TEL HOME:				
TEL WORK:				
TEL MOBILE				Appeal Number
E MAIL:				

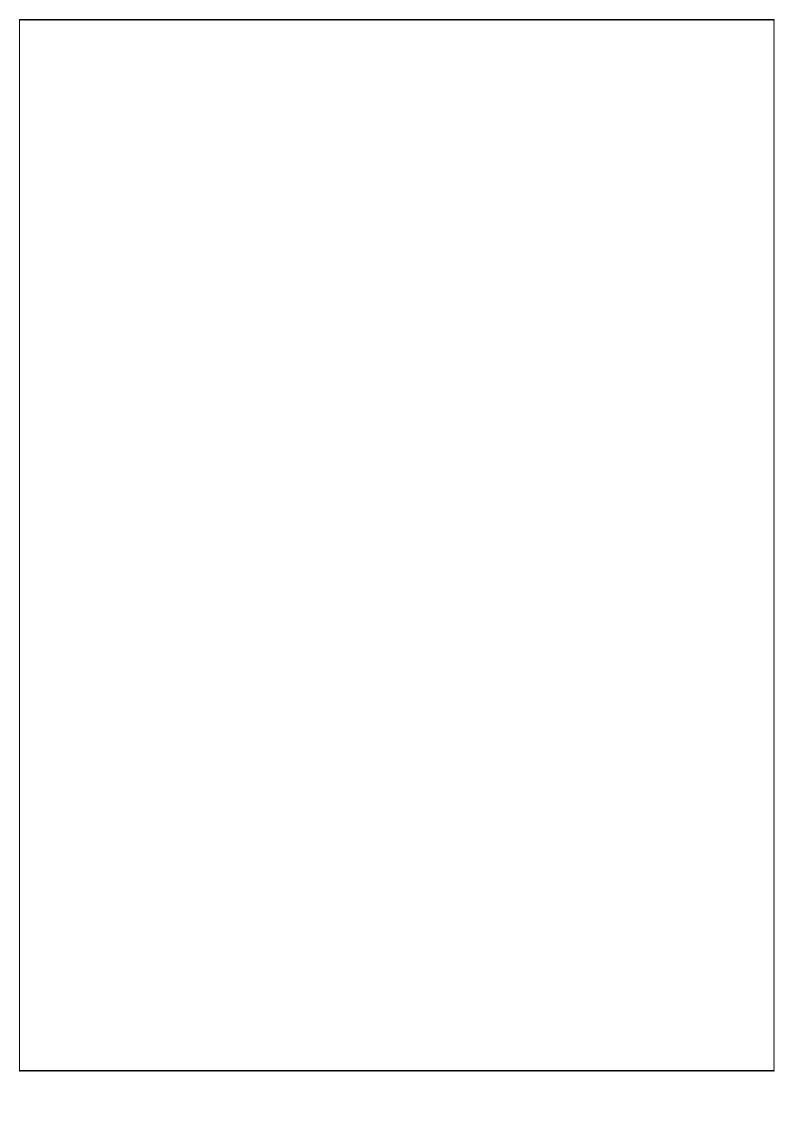
EXPECTED CHANGE OF ADDRESS				
Complete this section only if you are due to or expecting to move home. If this forms part of the reason for				
your appeal you should forward proof of exchange of contracts for your new property or proof of residence for				
your new address to the Clerk as soon as possible.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

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 the relevant pages in our guide.



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.

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

- 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. <u>Please provide a copy of this and send in with the appeal form</u>. 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.
- 2. 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.
 - Alder Grove Primary School
 - All Saints Church of England Aided Primary School
 - Bohunt WokinghamSchool
 - Coombes Primary School (Keys Academy Trust)
 - Crazies Hill Primary (Keys Academy Trust)
 - Emmbrook Infant School (The Circle Trust)
 - Emmbrook Junior School (The Circle 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)
 - Keep Hatch Primary School (Frays Academy 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

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

Punjabi

ਇਹ ਪਤੱਰ ਸਕੂਲ ਦਾਖਲੇ ਵਾਸਤੇ ਅਪੀਲ ਦਾ ਫ਼ਾਰਮ ਹੈ। ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਫ਼ਾਰਮ ਕਿਸੇ ਦੂਸਰੀ ਬੋਲੀ ਵਿਚ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਫ਼ੋਨ 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.

سیاشاعت سکول میں داخلے کی اپیل کافارم ہے۔اگر آپ اشاعت کوکسی اورزبان میں حاصل کرنا چاہیں تو ہرائے مہر پانی اس نمبر یر. 🛛 6000 974 0110 🛛 رابطہ کیچئے

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 November 2023