

**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

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 AN EDUCATION HEALTH AND CARE PLAN? If your child has an EHCP, there is a different process to appeal a decision. Please contact SEN@wokingham.gov.uk for further information.		

If your child has been permanently excluded more than once, please give date of the last exclusion.	DATE
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PARENT/GUARDIAN DETAILS			
TITLE	INITIAL(S)	SURNAME	RELATIONSHIP TO PUPIL
CURRENT ADDRESS:			For Office Use Only Date Stamp
POST CODE:			
CONTACT DETAILS			
TEL HOME:			Appeal Number
TEL WORK:			
TEL MOBILE:			
EMAIL:			

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)
POST CODE	TELEPHONE NUMBER (if known)

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.

Additional information sheet:

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

1. **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.**

Some of the schools in Wokingham manage their own appeals. Please check our website for an updated list. In these cases, you should contact the school direct.

2. 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.
3. **Once you have completed your appeal form, email it to school.appeals@wokingham.gov.uk or post 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

If you need this document in another language, please contact School Appeals on the email address above.

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/>

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