

SCHOOL ADMISSION APPEAL FORM

You are advised to read the notes on this form and in the enclosed booklet.

If you need further advice, please contact
(01344) 352209.



You are asked to complete the form using black ink.

SECTION 1: PUPIL AND SCHOOL DETAILS	
PUPIL'S SURNAME	DATE OF BIRTH
PUPIL'S FIRST NAME(S)	GENDER (Male/Female)
PREFERRED SCHOOL	YEAR GROUP (Please state the year group to which the appeal relates)
ALLOCATED SCHOOL (if applicable)	PRESENT OR PREVIOUS SCHOOL (if applicable)

SECTION 2: PARENT (OR CARER) DETAILS			
TITLE	INITIAL(S)	SURNAME	RELATIONSHIP TO PUPIL
TITLE	INITIAL(S)	SURNAME	RELATIONSHIP TO PUPIL
CURRENT ADDRESS:			<i>For Office Use Only Date Received:</i>
POST CODE:			
CONTACT DETAILS			<i>Checked on EMS</i>
% HOME:			<i>Appeal Number</i>
% WORK:			
% MOBILE:			
E MAIL:			

SECTION 3: EXPECTED CHANGE OF ADDRESS	
Complete this section <u>only</u> if you are due to or expecting to move home. If not, please go to SECTION 4 of the form.	
NEW ADDRESS	EXPECTED MOVING DATE (if known)
POST CODE	TELEPHONE NUMBER (if known)

SECTION 4: DISABILITY DISCRIMINATION	
You are advised to read PART 7 of the booklet before completing this section.	
<u>Question 1</u>	YES / NO
Do you believe that your child has a disability?	YES / NO

If you have answered NO to <u>Question 1</u>, please go to SECTION 5 of the form. If you have answered YES to <u>Question 1</u>, please complete Questions 2 – 5.	
<u>Question 2</u>	YES / NO
Do you believe that your child, for a reason that relates to his/her disability, has been treated less favourably in the arrangements for determining admission to the school?	YES / NO
<u>Question 3</u>	YES / NO
Do you believe that your child's application to the school has been refused or deliberately omitted, for a reason that relates to his/her disability?	YES / NO
<u>Question 4</u>	YES / NO
Do you believe that your child, for a reason that relates to his/her disability, has been treated less favourably in the terms on which admission is offered to the school?	YES / NO
<u>Question 5</u>	YES / NO
Do you believe that your child has been placed at a substantial disadvantage in the arrangements for determining admission to the school in comparison with persons who are not disabled?	YES / NO

If you have answered YES to any one of Questions 2, 3, 4 or 5, you should state your reasons for making a claim of disability discrimination in SECTION 5.

SECTION 5: 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, together with copies of any documentation in support of your appeal.

If you are appealing for a place in Reception, Year 1 or Year 2 of a primary or an infant school AND your letter of refusal refers to infant class size prejudice or the legal requirement for only 30 pupils in a class with a single teacher, you should read PART 4 of the enclosed booklet carefully.

(Please continue on additional sheets, if necessary.)

SECTION 6: SIGNATURE AND DATE

SIGNATURE(S)

DATE

ARRANGEMENTS FOR THE HEARING

This part of the form asks you to provide information which would enable the Clerk to make appropriate arrangements prior to the appeal hearing. For example, please state in the space below:

- if you require the services of an interpreter;
- if you are deaf and would need a sign interpreter;
- if you use a wheelchair;
- if you are blind or partially sighted; or
- if there any dates in the near future when you expect to be in hospital or you are on holiday (Note: It may not always be possible for the Clerk to re-arrange appeal panel dates.)

IMPORTANT NOTES

1. In order to proceed with an appeal, you need to have a letter from either your preferred school or the Local Education Authority which refuses your child a place at the school. Please contact the Council's School Admissions Team on (01344) 354144 or (01344) 354023, 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:
 - Binfield Church of England Primary School (01344) 860106
 - St Margaret Clitherow Catholic Primary School (01344) 424030
 - St Joseph's Catholic Primary School (01344) 425246
 - St Michael's Church of England Primary School, Easthampstead (01344) 420878
 - St Michael's Church of England Primary School, Sandhurst (01252) 873360
 - Ranelagh Church of England School (01344) 421233
3. Do not use the enclosed form if you are appealing for a place at a school in another Local Education Authority, for example in Windsor and Maidenhead, Reading, Wokingham or Hampshire. In these cases you should seek an appeal form directly from the relevant Local Education Authority.
4. Once you have completed your appeal form, you should return it to:

**Clerk to the Appeal Panel
Democratic and Support Services
Easthampstead House, Town Square
BRACKNELL
RG12 1AQ**

The receipt of your form will be acknowledged in writing, within four working days.