

School Admission Appeals

Wakefield Schools' Appeals Panel

PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

1. You should complete this form if you wish to appeal against the decision of the Wakefield Local Education Authority not to admit your child to the school for which you have expressed a preference.
2. If you can, please provide a daytime telephone number where you can be contacted if necessary.
3. If you wish to provide any additional information in support of your appeal, for example, a Doctor's note, etc, please send along a copy with your completed appeal form.

Please post your completed form to:-

**Clerk to the Appeal Panel
 Committee Services Team
 County Hall, Bond Street
 Wakefield WF1 2QW**

Email: admissionexclusionappeals@wakefield.gov.uk

Tel: 01924 305338 / 305109 / 306109 / 305064

FOR OFFICE USE ONLY

Date Received

Date Heard:

Reference Number:

Decision:

Your full name: (Parent/Guardian*) *delete as appropriate

Your address (for the purposes of further correspondence):

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Postcode:

Daytime Telephone Number (Please see Note 2):

Your child's name:

Your child's age: Your child's date of birth:

School currently attended by your child:

School where your child has been offered a place:

School you would prefer for your child:

If you intend to be present at the appeal hearing, efforts will be made to hold your appeal hearing at a time convenient to you. If there are any dates within the next six weeks or so on which you will be **unable** to attend a hearing, please list these below:-

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Will anyone be coming with you? YES/NO

If YES, please give their name(s)

What is their relationship to you or position (eg friend, relative, etc)?

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REASONS FOR YOUR APPEAL - Please give as much information as possible, continuing overleaf and on a separate sheet if necessary, and attach any relevant additional documentation. (See note 3).

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Signed: Date: