**SCHOOL ADMISSION APPEAL FORM**

You are advised to read the Bracknell Forest Council School Admission Appeals Guidance Booklet, available via the School office or on the Bracknell Forest Council website <http://www.bracknell-forest.gov.uk/schooladmissionsappeals>

**You are asked to complete the form using black ink.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PUPIL’S SURNAME** | | | **DATE OF BIRTH** | | **AGE** |
| **PUPIL’S FIRST NAME** | | | **MALE / FEMALE** | | |
| **PREFERRED SCHOOL** | | | **YEAR GROUP**  **(to which the appeal relates)** | | |
| **ALLOCATED SCHOOL (if applicable)** | | | **PRESENT / PREVIOUS SCHOOL (if applicable)** | | |
| ***PARENT / CARERS DETAILS*** | | | | | |
| **TITLE** | **INITIAL(S)** | **SURNAME** | | **RELATIONSHIP TO PUPIL** | |
| **TITLE** | **INITIAL(S)** | **SURNAME** | | **RELATIONSHIP TO PUPIL** | |
| **CURRENT ADDRESS:**  **POST CODE:** | | | | | |
| **CONTACT DETAILS** | | | | | |
| **TEL HOME:**  **TEL MOBILE :** | | | **TEL WORK:** | | |
| **E MAIL:** | | | | | |
| **RELIGION OR FAITH TRADITION:** | | | | | |
| **PARENTS :**  **BAPTISED: YES / NO** | | | **PUPIL :**  **BAPTISED: YES / NO** | | |
| **NEW ADDRESS (if applicable):**  **POST CODE:** | | | | | |
| **EXPECTED MOVING DATE (if known)** | | | | | |
| **TELEPHONE NUMBER (if known)** | | | | | |

**GROUNDS / REASONS FOR SUBMITTING THE APPEAL**

You should state your grounds for appeal in the space below and include the reasons for your preference (including a claim of disability discrimination if applicable). 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 AND your letter of refusal refers to infant class size prejudice, you should read the information regarding Infant Class Size Appeals in the guidance booklet.

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| (Please continue on additional sheets, if necessary.) |

I certify that the information I have given on this form is correct and that I have parental responsibility for the child named on the form.

|  |  |
| --- | --- |
| SIGNATURE(S) | DATE |
|  |  |

The receipt of your form will be acknowledged in writing, as soon as possible.

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