**WILSON’S SCHOOL**

**ADMISSION APPEAL FORM**

## DEADLINE FOR SUBMISSION: Tuesday 16th April 2024 by 9.30am

|  |  |
| --- | --- |
| Last name of child: |  |
| First name of child: |  |
| Date of birth: |  |
| Name of Parent/Carer appealing on behalf of child and relationship to child (e.g. mother/father): |  |
| Name of second parent//carer (optional) and relationship to child (e.g. mother/father): |  |
| Address for correspondence:  Postcode: |  |
| Name of current school: |  |
| **Contact details** | |
| Home telephone number: |  |
| Mobile telephone number: |  |
| Email address for correspondence ***Please write very clearly*** |  |

Appeal hearings **will take place via Zoom conference call**. Please let us know your preference by selecting one of the below statements:

|  |  |
| --- | --- |
| Please tick **one option only** | |
| **I/We confirm we will attend a video Zoom meeting**  The Zoom app must be loaded onto a device in advance of the hearing but you do not need a Zoom account |  |
| **I/We wish to dial into the meeting from a phone**  A code will be sent to you in advance of the hearing with which you dial in to the call  Select this option if you cannot attend via video conferencing due to connectivity or accessibility issues |  |
| **I/We wish to have the appeal considered solely on the written case provided**  Select this option if you know you will be unable to attend the hearing (either by video or by phone) |  |

|  |  |
| --- | --- |
| Please also let us know if you intend for a friend or representative to attend the appeal hearing | |
| Name of friend or representative |  |
| Relationship to you |  |
| Email address of friend or representative |  |
| Is there anything we need to know for the proper conduct of the appeal hearing, for example, does anyone taking part have a disability that impacts upon their ability participate? | |

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| --- |
| **GROUNDS FOR APPEAL**  **Appeals cannot be accepted without written grounds for appeal. Please state the reasons why you wish to appeal against the decision not to offer your child a place at Wilson’s School for September 2024 entry. You may continue on a separate sheet if necessary.** |
| If you are including written supporting evidence, please list here what it is: |

Document Guidelines:

* You are requested to supply **one original** plus **five copies** of your appeal submission. These copies should be sorted and separated by paper clip. Do not use staples or place paperwork in binders or folders.
* Do not include original documents, certificates for sporting achievement or hobbies etc or photographs unless they are **directly relevant** to your grounds for appeal.
* Please make every effort to send any documents to support your appeal at the same time.

# Data protection: I agree that all information and documentation that I provide for the admission appeal may be shared in confidence with the Clerk to the Admissions Appeal Panel and School and the members of the Admissions Appeal Panel. A complete set of the records relating to the appeal will be retained securely by Clerk to the Admissions Appeal Panel and the School for a period of 2 years after the conclusion of the hearing. All other copies of the documentation will be securely destroyed after the hearing.

Signed …………………………………Print Name………………………Date …………………

*Return this form, supporting documents and copies by post or by hand (emails will* ***not*** *be accepted) by the closing date (Tuesday 16th April 2024 by 9.30am) to:*

***The Clerk to the Admissions Appeal Panel***

***c/o Wilson’s School***

***Mollison Drive***

***Wallington, SM6 9JW***