# City of Wolverhampton Council

# APPEAL FORM

**Notes on completing this form.**

* You must complete all sections of the form.
* You must set out your reasons for wanting a place for your child at a particular school so that the independent panel can consider the strength of your case.
* If your appeal is due to your child's medical condition, you are encouraged to attach evidence of this to your appeal form, such as a consultant's letter from the hospital.
* If your appeal is due to social reasons such as domestic violence, you are encouraged to attach evidence of this to your appeal form.
* Please note: Failure to complete any of the above steps may cause a delay in your appeal being processed and eventually heard.

**Education, health and care statutory assessment (EHCP)**

|  |  |
| --- | --- |
| Has your child or young person been referred for an education, health and care statutory assessment? | Yes/No  |

*If you have selected Yes, please contact SEN Start Team at SENSTART@wolverhampton.gov.uk if your child has an Education, Health and Care Plan (EHCP). Please note if you have selected Yes, your appeal form will not be processed*.

|  |  |
| --- | --- |
| Child’s full name |  |
| Date of birth |  |
| Present School  |  |
| Current School Year  |  |
| Parents’s name(s) |  |
| Address for correspondence to be sent to(Including post code) |  |
| Telephone contact numbers | (h)(m) |
| E mail address (can be work or home but theone you use most) |  |

**School(s) for which you are appealing.**

You can only appeal for a particular school if you made an application for that school which has subsequently been refused. If you are appealing for more than one school, please ensure that you submit supporting information in respect of each school.

|  |  |
| --- | --- |
| School you are appealing for a place at |  |

**Reason for appeal**

* Include all the reasons why you think your child should be offered a place at the school you are appealing for.
* State the reasons for your appeal concisely and clearly.
* **No further arrangements can be made for the hearing of your appeal until we receive your written grounds.**

If there is not enough space on this sheet, please continue on additional sheets of A4 size paper, and number and initial the foot of each page please. Please email any documents in support of your appeal.

**Arrangements for appeal hearing**

Appeals will be conducted online using a free application called Microsoft Teams.

You can attend the meeting remotely from any device with access to an internet browser (telephone, tablet, laptop) or, if you have not got a mobile device, you can dial in from any telephone.

All instructions and relevant joining information will be provided with your appeal hearing invite, which will be emailed to you before the hearing.

|  |  |
| --- | --- |
| Do you plan to attend the appeal hearing?  | Yes/No |
| You will normally be given 10 school days’ notice of your appeal hearing. Are you willing to waive your right to days’ notice of your appeal? (This means you may have less that 10 school days’ notice of your appeal date).  | Yes/No |
| Do you have a disability? If yes, do you need us to make any special arrangements? | Yes/No |
| If you are going to attend the appeal do you require an interpreter?  and if Yes, in which language? | Yes/No |
| You are entitled to be represented at your appeal hearing or accompanied by a friend. Do you intend to invite a representative or a friend to join the hearing or want to call any witnesses.   | Yes/No |
| If yes, tell us the names of your representative and witnesses.  |

Statement:

I certify that the information I have provided on this form is true to the best of my knowledge and understand that any false or deliberately misleading information on this form and/or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child.

By submitting this form, you agree to the City of Wolverhampton Council processing your data in accordance with our Privacy and Cookies Notice | City of Wolverhampton Council. The information collected on this form will be used by the independent appeals panel in support of your appeal. The form will be circulated to members of the independent appeals panel prior to the appeal meeting. This information will be retained for 2 years.

Signed………………………………………………………………………………………

Date…………………………………………………..…………………………………….

When completed, this form should be returned to: Democratic Services, School Appeals Section, St Peter’s Square, Wolverhampton WV1 1SH; Email: SchoolAppeals@wolverhampton.gov.uk

If you have any concerns about your information, please contact SchoolAppeals@wolverhampton.gov.uk. City of Wolverhampton Council are committed to protecting any personal data that we hold about our customers. If you need further information on how your information is used or your data rights, you can view our privacy notice or contact us via Information Governance Team, Civic Centre, St. Peter’s Square, Wolverhampton WV1 1SH, 01902 554498, data.protection@wolverhampton.gov.uk.