



Walsall Council

Appeal for admission to a community or voluntary controlled primary school

Data protection statement

The information collected on this form by Walsall Children's Services 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 5 years.

Introduction

You must complete all the fields unless they are marked as optional.

When you've completed it, save a copy and attach it to an email to along with copies, scans or photographs of any supporting evidence. Send all your documents to:

AdmissionAppeals@walsall.gov.uk



Walsall Council

About the school you're appealing to

This form can only be used for primary schools under local authority control. If you can't see the name of the school you're appealing to attend in the drop-down list below, you should contact the school direct and follow their appeals procedure instead.

Tell us which school you want your child to attend

Choose an item.

Tell us what year group your child is in

Choose an item.



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About you

What is your name?

Click or tap here to enter text.

Do you have parental responsibility for the child you're making this appeal for?

Yes ☐

No ☐

What's your relationship to the child? Choose an item.

**If you are caring for someone else's child (and they are living with you) for more than 28 days and are not an immediate relative, this may be a private fostering arrangement. You're legally required to contact 0300 555 2866 immediately, to notify Walsall Council.*

Your current address and postcode

Click or tap here to enter text.

Your daytime phone number

Click or tap here to enter text.

Your email address

Click or tap here to enter text.



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About your child

What is the full name of the child you are making this appeal for?

Click or tap here to enter text.

What is their date of birth?

Click or tap to enter a date.

What is the name of their current school?

Click or tap here to enter text.

Have they got an education health and care plan (EHCP)?

Yes ☐ No ☐

Does your child have a disability as defined by the Equality Act 2010? (optional)**

***It will not affect your appeal if you choose not to answer this question. We use this information to help us monitor the impact of our services.*

☐ Yes ☐ No ☐ I don't want to answer this question



Siblings

A sibling is a child who lives at the same address as the child for whom a place is being requested and is one of the following:

- a brother or sister sharing two parents
- a half-brother or sister sharing one parent
- a step-brother or sister
- any other child who permanently lives at the same address

Does your child have any siblings who already attend the school you're appealing to?

Yes ☐ No ☐

If yes, tell us their name(s), dates(s) of birth and year group(s)

1. Name Click or tap here to enter text.
Date of birth Click or tap to enter a date. Year group Choose an item.
2. Name Click or tap here to enter text.
Date of birth Click or tap to enter a date. Year group Choose an item.
3. Name Click or tap here to enter text.
Date of birth Click or tap to enter a date. Year group Choose an item.
4. Name Click or tap here to enter text.
Date of birth Click or tap to enter a date. Year group Choose an item.

Does your child have siblings that go to any other schools?

Yes ☐ No ☐

If yes, tell us their name(s), dates(s) of birth, year group(s), and which school(s) they go to

1. Name Click or tap here to enter text. Date of birth Click or tap to enter a date.
Year group Choose an item. School Click or tap here to enter text.
2. Name Click or tap here to enter text. Date of birth Click or tap to enter a date.
Year group Choose an item. School Click or tap here to enter text.
3. Name Click or tap here to enter text. Date of birth Click or tap to enter a date.
Year group Choose an item. School Click or tap here to enter text.
4. Name Click or tap here to enter text. Date of birth Click or tap to enter a date.
Year group Choose an item. School Click or tap here to enter text.
5. Name Click or tap here to enter text. Date of birth Click or tap to enter a date.
Year group Choose an item. School Click or tap here to enter text.



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Grounds of appeal

Set out the reasons for your appeal

You can find guidance in our [determined admissions arrangements for Walsall community and voluntary controlled primary schools](#) document.

Click or tap here to enter text.



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Supporting evidence

If you have any reports or letters from professionals that you wish to be put before the panel in support of your appeal, you can include them with your submission. Examples include letters from a doctor or playgroup worker, etc.

You should attach copies to your email when you send this form back to the appeals team. We accept scans and photos of original documents.

List your evidence below (optional)

Click or tap here to enter text.



The appeal

Do you want to attend the appeal in person? Yes ☐ No ☐

If yes, do you need an interpreter? Yes ☐ No ☐

If yes, what language? [Click or tap here to enter text.](#)

Do you need 10 school days' notice of the appeal hearing date?***

****If you answer no, you confirm that you waive your right to 10 school days' notice of the appeal hearing date*

Yes ☐ No ☐

Are you attending the appeal in person and intend to be represented or to call witnesses?

Yes ☐ No ☐

If yes, tell us the names of your representative and witnesses****

*****Under the School Admission Appeals code, the following people are excluded:*

- *the head teacher or other members of staff of the school being appealed for*
- *any employee of Walsall Council*

Name of your representative [Click or tap here to enter text.](#)

Name of your witness (1) [Click or tap here to enter text.](#)

Name of your witness (2) [Click or tap here to enter text.](#)

Name of your witness (3) [Click or tap here to enter text.](#)