

**HOLY FAMILY CATHOLIC PRIMARY SCHOOL**

**EDUCATION ACT 1998 – ADMISSION APPEAL NOTICE FORM**

***This form can only be used when a formal application has been made and admission refused in writing.***

**TO BE COMPLETED BY PARENT OR CARER AND RETURNED TO ‘THE CLERK’ C/O,**

**HOLY FAMILY CATHOLIC PRIMARY SCHOOL, HIGH STREET, LANGLEY, BERKSHIRE, SL3 8NF**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CHILD’S FIRST NAME (S) | | | | CHILD’S SURNAME | | | |
| DATE OF BIRTH | | MALE/FEMALE | | DOES YOUR CHILD HAVE AN EDUCATION HEALTHCARE PLAN? YES/NO | | | |
| IS YOUR CHILD LOOKED AFTER BY A LOCAL AUTHORITY? | | | | | | YES/NO | |
| DOES OR WILL YOUR CHILD HAVE SIBLINGS AT HOLY FAMILY CATHOLIC SCHOOL AT THE REQUESTED ADMISSION DATE?  If so then please provide details below. | | | | | | | |
| NAME OF SIBLING | | | DATE SIBLING JOINED HOLY FAMILY CATHOLIC SCHOOL | | | | CURRENT YEAR GROUP |
|  | | |  | | | |  |
|  | | |  | | | |  |
| **PARENT/ GUARDIAN DETAILS** | | | | | | | |
| TITLE | INITIAL(S) | | SURNAME | | RELATIONSHIP TO PUPIL | | |
| ADDRESS | | | | | POSTCODE | | |
| TEL No: WORK:  HOME: | | | MOBILE: | | EMAIL: | | |
| DO YOU INTEND TO BE PRESENT AT THE APPEAL HEARING? YES/NO | | | | IF A REPRESENTATIVE WILL ATTEND ON YOUR BEHALF PLEASE GIVE THEIR NAME | | | |
| IF YOU REQUIRE A TRANSLATOR TO BE PRESENT AT THE HEARING IT IS RECOMMENDED THAT YOU BRING A FRIEND OR RELATIVE  (Please contact the Clerk if you require advice regarding translation). | | | | I WILL/ WILL NOT BRING A TRANSLATOR TO THE HEARING | | | |
| The Clerk to the Independent Appeal Panel will give you at least **10 school days**’ notice of the hearing date unless you are willing to have a shorter notice period. If you are in agreement that the 10 days’ notice period may be waived then please sign below.  **I confirm that I am willing to accept less than 10 school days’ notice of hearing:**  PRINT NAME SIGNATURE | | | | | | | |
| **PLEASE GIVE YOUR REASONS FOR APPEAL BELOW** (Add separate sheet if necessary)  *Please attach any letters to this form including medical evidence from your GP/Consultant if you feel that they are relevant to your appeal.* | | | | | | | |

SIGNATURE ..................................................................................... DATE..................................

**Please return your completed form marked ‘Private and Confidential’ to:**

**The Clerk, Holy Family Catholic Primary School, High Street, Langley, Berkshire, SL3 8NF**

**Please Note -** For appeals for Reception class, September 2025 the form should be returned by: 13th May 2025.

Appeals can be submitted after that date but may not be heard with appeals received by the deadline.

‘In year’ appeals for any Year Group should be submitted as soon as possible when a place has been refused.

Please contact the Admission Secretary if you do not receive acknowledgement of receipt of your appeal within 7 days.

***If you have any questions about the appeal process, please contact:***

***The Admissions Secretary, Holy Family Catholic Primary School: Tel 01753 541442***