

# Pembrokeshire County Council School Admissions Appeals



Before completing the form please read the Information for Parents Handbook and Appeals Information Booklet which can be found on the [Pembrokeshire County Council website](#).

This form should be returned to the Director for Education, 2B, County Hall, Haverfordwest, Pembrokeshire, SA61 1TP or by emailing [Steven.Richards-Downes@pembrokeshire.gov.uk](mailto:Steven.Richards-Downes@pembrokeshire.gov.uk).

You will be notified of the decision as per the appeals timetable in the Appeals Information Booklet.

By submitting this form you are confirming that you have parental responsibility for the child you are appealing for and that you have the agreement of all other persons with parental responsibility to do so.

## Data Protection Notice

The information collected on this form will be processed and stored either electronically or in paper format by Pembrokeshire County Council in compliance with the General Data Protection Regulations 2018. Data may be shared with schools, other areas of the County Council for administrative or other service provision purposes and external organisations where there is a legal requirement to do so. By submitting this form you acknowledge that you have read, understand and agree to this Privacy notice so we can continue with your appeal.

The Privacy Notice is available on the [Pembrokeshire County Council website](#).



## 1. Child's Details

Child's Full Name .....

Date of Birth ..... Gender **M**  **F**

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## 2. Parent/Carer/Guardian details

Your Name .....

Relationship to the child .....

Home address .....

Post Code .....

Phone number .....

Email .....

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## 3. Other persons with parental responsibility

Name .....

Relationship to the child .....

Home address .....

Post Code .....

Phone number .....

Email .....

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## 4. Sibling details

Any siblings of the child, their ages and their current school/s

Name: ..... Age: ..... School: .....

Name: ..... Age: ..... School: .....

Name: ..... Age: ..... School: .....

Name: ..... Age: ..... School: .....

Name: ..... Age: ..... School: .....

Name: ..... Age: ..... School: .....



## 5. School details

Current school attended by your child .....

School you are appealing for .....

Year group you would like your child to be admitted .....

Date you would like your child to be admitted .....



## 6. Reasons for your Appeal

Please provide any information you consider is relevant to your appeal. If you have anything you want the Panel to read, you should send it beforehand to allow time for the Panel to read through and thoroughly understand the information.

You should submit all supporting evidence. If this is not possible at the time of submitting this form, any additional paperwork you wish to submit should be provided at least the working day before the hearing. This includes any medical evidence you want the Panel to see, again this is to ensure that the panel members have adequate time to understand and evaluate.

Please continue on a separate sheet if necessary.

A large rectangular box containing horizontal dotted lines for writing the reasons for the appeal.

### Declaration

I confirm that the above child is permanently resident at the address stated and I certify that the information given by me on this form is complete and true and I understand that the Local Authority will take such steps as they consider necessary to verify any information. This may mean contacting the child's present or previous school.

Parent/Carer/Guardian signature: .....

Date: .....