**The Holt School**

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| **Appeal against Admission Decision - Sixth Form** |  |

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| **SURNAME** | **FIRST NAME** |
| **DATE OF BIRTH** |
| **INTERNAL OR EXTERNAL APPLICANT (where external please give name of previous school)** | |
| **DOES YOUR CHILD HAVE AN EDUCATIONAL HEALTH CARE PLAN OR SPECIAL EDUCATIONAL NEEDS? (PLEASE SPECIFY)** | |

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| **PARENT/GUARDIAN DETAILS** | | | |
| **TITLE** | **INITIAL(S)** | **SURNAME** | **RELATIONSHIP TO PUPIL** |
| **TELEPHONE NUMBER:**  **E MAIL:** | | | |

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| **Preferred A level Choices** | **1st** | **2nd** | **3rd** | **Reserve** |

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| **GROUNDS/REASONS FOR SUBMITTING THE APPEAL**  Please state clearly the reason you wish to appeal against the decision refusing a place at the sixth form of The Holt School. Please refer to the admission appeal advice attached for guidance (continue on a separate sheet if needed). |
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| **SIGNATURE** | **DATE** |

**PLEASE COMPLETE BOTH PAGES OF THIS FORM**

Please tick the following as appropriate:

I wish to attend the appeal in person

I do not wish to attend the appeal and would like my appeal in writing to be considered by the Panel

If you wish to be accompanied to the hearing, please provide the name of the person who will come with you and the capacity in which they will attend.

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If you require an interpreter, please indicate which language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Appeals will be heard during the week commencing*** ***22 September 2025***

Please indicate if you are unavailable on one of these days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration and Signature of Parent/Carer**

* Having been refused a place at the school, I wish to exercise my right of appeal under the School Standards & Framework Act 1988. I certify that I am the person with parental responsibility for the child named overleaf and the information given is true to the best of my knowledge and belief.
* I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.
* I agree for my data to be stored electronically and to be contacted by post, email and telephone.
* I enclose two household bills with proof of address dated within the last three months, eg. Council Tax, bank statement, rent book, telephone bill, water bill. *(external applicants only)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form and any supporting documents must be returned by Wednesday 3rd September 2025 at the latest to:

Mrs Katie Warner

PA to Co-Headteachers

The Holt School

Holt Lane

Wokingham

Or scan and send by email to k.warner@holt.wokingham.sch.uk