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| --- | --- | --- |
| Headteacher: Mrs S. Beckett  Church Street  Mow Cop  Stoke-on-Trent  ST7 3NQ   Tel: 01782 512323  [Email: head@woodcockswell.cheshire.sch.uk](mailto:Email: head@woodcockswell.cheshire.sch.uk            ) | C:\Users\sch8753120\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\7AC71F86.tmp |  |

**Appeals for Admission to Woodcocks’ Well CE (VA) Primary School**

Please give as much detail as possible regarding your Appeal for Admission by answering the

following questions:

1. Name of Child: Surname.................................. Forename(s)..................................

2. Child’s Date of Birth: Day...................... Month....................... Year........................

3. School/Nursery your child is currently attending / last school attended:

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4. Appellant’s Names (Parents, Guardian or Carer): .......................................................

5. Current Address:

......................................................................................................................

......................................................................................................................

Postcode: .........................................................................................................

6. Telephone: Home........................................ Mobile ...........................................

Email……………………………………………………………………………………………………………………………………………..

7. Relationship of appellant to the child – Father / Mother / Guardian / Other – please specify.

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8. Address in Cheshire to which you are moving (if applicable) .......................................

......................................................................................................................

Postcode: ........................................ Date of Moving: ........................................

9. Is this child a Looked After Child e.g. In Foster Care? Yes.......... ..... No..............

*If yes, please state the Local Authority and relevant dates*

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10. Is this child previously cared for? Yes.......... ..... No..............

*If yes, please state the Local Authority and relevant dates*

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11. Does your child have a Statement of Special Educational Needs? Yes......... No..........

12. Do you have any other school aged children? If so please indicate their names, ages and

schools they attend:

Name Date of Birth Name of Present School

............................ ............................ ............................

............................ ............................ ............................

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13. Please state your reasons for seeking a place at this school e.g. moving into area / domestic arrangements etc

If you are stating medical, psychological or social reasons please ensure that professional evidence is attached e.g. a letter from a doctor or professional stating the medical or social reasons that you consider justify admission to this particular school -

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Please continue onto a separate sheet if necessary.

**Declaration:** I wish to appeal against the decision not to allocate a place for my child at

Woodcocks’ Well CE (VA) Primary School.

Signed: .......................................................... Date: ................................

Name in Capitals: .............................................

Please return together with any supporting documentation to:

Mrs A Timmis

Woodcocks’ Well CE (VA) Primary School

Church Street

Mow Cop

ST7 3NQ