



SCHOOL STANDARDS AND FRAMEWORK ACT 1998

Slough Islamic Primary School
 A voluntary aided school
 Fernside
 Off Wexham Road
 Slough
 SL2 5FF

APPEAL AGAINST ADMISSION DECISION
 VOLUNTARY AIDED SCHOOLS

FOR OFFICIAL USE	ACK. SENT
DATE REC	APPEAL NO
SCHOOL	

Please complete the form using **black** ink if possible.

PUPIL'S SURNAME (Family name)		DATE OF BIRTH	
PUPIL'S FIRST NAME(S)		SEX	MALE / FEMALE
PRESENT OR LAST SCHOOL			
ALLOCATED SCHOOL			

Do you have any other children? If so, please indicate their names, ages and school they attend or are allowed.

Name	Date of birth	School attending/allocated

Does your child have a statement of special educational needs? YES/NO

If your child has been permanently excluded more than once, please give date of last exclusion.	
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PARENT/GUARDIAN

TITLE	FIRST NAME	SURNAME
RELATIONSHIP TO CHILD		
CURRENT ADDRESS		
TELEPHONE NUMBERS	HOME	
MOBILE	WORK	

IF YOU ARE MOVING HOUSE

If you are in the process of moving house and this forms part of the reason for your appeal you should forward proof of change of contracts for your new property or proof of residence for your new address to the Clerk as soon as possible.

ADDRESS	
TELEPHONE NUMBER	
EXPECTED MOVING DATE	

Please Turn Over

GROUND/REASONS FOR SUBMITTING THE APPEAL

Please indicate below your reasons for appealing. You may attach additional sheets to this form. Any letters you have already sent to the clerk concerning your appeal will be attached to this form and circulated to the Appeals Panel. If medical or social grounds form part of the reason for your appeal it will be helpful to your case if you could provide written evidence from the professional person involved. The School cannot contact Doctors, Education Welfare Officers or Social Workers in these matters.

DATE

SIGNATURE

Please return this form marked private and confidential to:

Clerk to the Appeal Panel
Iqra Slough Islamic Primary School
Fernside

Off Wexham Road
Slough
SL2 5FF
01753 520018

Appeals Monitoring Data – Iqra School Admission Appeal

Ref _____

The School is committed to ensuring that its services are delivered fairly to everyone in the town. For this reason, you are asked to provide the information below so that statistical data can be gathered for monitoring purposes. The information will be treated as confidential, will be separated from the rest of the form on receipt, and will not be seen by the Panel hearing your appeal.

I would describe my child's ethnic origin as:

Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black Somali	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Mirpuri Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Sri Lankan	<input type="checkbox"/>	Mixed Ethnic Origin	<input type="checkbox"/>
White and Pakistani	<input type="checkbox"/>	White UK European	<input type="checkbox"/>	Other European	<input type="checkbox"/>

My child is registered disabled: Yes No

My child is a: Boy Girl