

For official use only		Ack. Sent
Date Received		Appeal No.
School/College Appealed for		



## Appeal for Home to School / College / Post-16 Transport

### Completing the Form

- Please read the accompanying 'Guidance Notes' before completing this form
- To enable legible photocopies to be produced for members of the Appeal Panel, please write clearly using a **black** pen.
- This form may be added to in any section and in addition to this form. Please ensure you also attach a copy of the letter refusing transport.
- Any written documentation you wish the Appeal Panel to consider should be attached securely to this form.
- If you have any difficulty in completing this form, the staff in Democratic Services section will be pleased to assist (see contact details on back page).

### **A. General Information – Pupil and Appellant** (Parent/Guardian/person with parental responsibility)

1. Full name of child: Surname ..... Forename(s) .....
2. Child's Date of Birth: Day ..... Month ..... Year .....  Male  Female
3. Does your child have a statement of Special Educational Needs or Section 139A LDA?  Yes  No
4. Appellants name(s) (Parent/Guardian) Mr/Mrs/Ms/Other – .....
5. Relationship of Appellant to Pupil – (Father/Mother/Guardian/Other – please specify) .....
6. Current address .....  
.....  
.....Post Code.....  
Tel.No. Home .....  
Mobile..... Work .....  
Email .....
7. Do you intend to be present at the Appeal Hearing?  YES  NO

**NOTE:** You are encouraged to attend. Appeal hearings are as informal as possible. If you do not intend to be present or to be represented, the appeal will be considered on the basis of information supplied on this form and any other accompanying information received by the Clerk to the Appeal Panel at least 3 working days prior to the hearing. Any material not submitted by this deadline may not be considered by the Appeal Panel.

8. Do you have any specific requirements for the appeal hearing (e.g. do you need an interpreter, large print or wheelchair access). Please provide details:  
.....



## CHECKLIST:

Before submitting your appeal form, please ensure you have:

- Completed all relevant sections of the form
- Attached any other relevant documentation
- Attached a copy of the letter refusing transport to the school you are appealing for.

Please indicate here the number of additional sheets you have attached to this form:

No. of sheets attached.....

PLEASE NOTE THAT ALL PAPERWORK IN RELATION TO APPEALS WILL BE SENT TO YOU IN THE POST / BY EMAIL. BY SIGNING THIS FORM YOU ARE CONSENTING TO INFORMATION BEING SENT TO YOU BY DEMOCRATIC SERVICES / THE CLERK TO THE APPEAL PANEL BY POST / EMAIL.

Form completed by: (Please print).....

Signed.....

Date.....

Please either email your completed form to [democratic.services@rbwm.gov.uk](mailto:democratic.services@rbwm.gov.uk) or return it, by hand or post, marked 'Confidential' to the Clerk to the Transport Appeal Panel, Democratic Services, Town Hall, St Ives Road, Maidenhead, SL6 1RF. Telephone: 01628 796310.

If you do not receive an acknowledgement of receipt of this form within one working week of submitting it, please contact Democratic Services to check it has been received.

*The Royal Borough of Windsor and Maidenhead (RBWM) is a Data Controller under the Data Protection Act 1998 ('the Act'). This statement confirms RBWM's commitment to protect your privacy and to process your personal information in a manner which meets the requirements of the Act.*