Consultation Reponses

	nsultation on the				ave Infant S	School
	W	ith Whitgreav	e Jui	nior School		
re yo	u a: (Please tick as app			D		
	Pupil at Whitgreave			Pupil at Whitgre		*********
	Parent/Carer of a pu Infant School	• • • • • • • • • • • • • • • • • • • •	-	Parent/Carer of Junior School		
	Member of Staff at V School			Member of Staf School		
	Member of the Gove Whitgreave Infant So			Member of the Whitgreave Jun		d at
	Other (Please state)					
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chool	agree with the propos with effect from 1 Sep ock as appropriate)	al to merge Whitgi tember 2018?	eave II	nfant School wit	th Whitgreave J	unior
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CONSULTATION RESPONSE FORM

Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

Are you a: (Please tick as appropriate) Pupil at Whitgreave Infant School Parent/Carer of a pupil at Whitgreave Infant School Parent/Carer of a pupil at Whitgreave Infant School Member of Staff at Whitgreave Infant School Member of the Governing Board at Whitgreave Infant School Member of the Governing Board at Whitgreave Infant School Other (Please state) Do you agree with the proposal to merge Whitgreave Infant School with Whitgreave Junior School with effect from 1 September 2018? (please tick as appropriate) NO DON'T KNOW
Parent/Carer of a pupil at Whitgreave Infant School Member of Staff at Whitgreave Infant School Member of Staff at Whitgreave Infant School Member of the Governing Board at Whitgreave Infant School Member of the Governing Board at Whitgreave Infant School Member of the Governing Board at Whitgreave Junior School Other (Please state) Do you agree with the proposal to merge Whitgreave Infant School with Whitgreave Junior School with effect from 1 September 2018? (please tick as appropriate)
Infant School Member of Staff at Whitgreave Infant School Member of Staff at Whitgreave Infant School Member of the Governing Board at Whitgreave Infant School Member of the Governing Board at Whitgreave Infant School Other (Please state) Do you agree with the proposal to merge Whitgreave Infant School with Whitgreave Junior School with effect from 1 September 2018? (please tick as appropriate)
School Member of the Governing Board at Whitgreave Infant School Other (Please state) Do you agree with the proposal to merge Whitgreave Infant School with Whitgreave Junior School with effect from 1 September 2018? (please tick as appropriate)
Whitgreave Infant School Other (Please state) Do you agree with the proposal to merge Whitgreave Infant School with Whitgreave Junior School with effect from 1 September 2018? (please tick as appropriate)
Other (Please state) Do you agree with the proposal to merge Whitgreave Infant School with Whitgreave Junior School with effect from 1 September 2018? (please tick as appropriate)
School with effect from 1 September 2018? (please tick as appropriate)
School with effect from 1 September 2018? (please tick as appropriate)
YES D NO D DON'T KNOW
a southway
Please add comments here and overleaf: I think it is a very good Idea to join the schools together, because It will be more organise and It will make a bigget
Idea to join the schools together, because It
will be more organise and It will make a bigger
school.
Title: a. Einst Name: .
u .
Completed Consultation Response Forms should be sent to the following address – The School Organisation Team, Education Department, City of Wolverhampton Council, 1st Floor, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RL.
The deadline for receipt of responses is 19 November 2017.
Please note all comments received will be acknowledged if contact details are provided.
Thank you for taking the time to complete this form.

CITY OF WOLVERHAMPTON COUNCIL

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Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

Are voi	ı a: (Please tick as appropriate)					
	Pupil at Whitgreave Infant School	Pupil at Whitgreave Junior School				
	Parent/Carer of a pupil at Whitgreave	Parent/Carer of a pupil at Whitgreave Junior School				
	Member of Staff at Whitgreave Infant School	Member of Staff at Whitgreave Junior School				
	Member of the Governing Board at Whitgreave Infant School	Member of the Governing Board at Whitgreave Junior School				
	Other (Please state)					
School (please tid	agree with the proposal to merge Whitgr with effect from 1 September 2018? k as appropriate) YES NO	reave Infant School with Whitgreave Junior				
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The dead	dline for receipt of responses is 19 November :	2017.				
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Thank yo	u for taking the time to complete this form.					

CITY OF WOLVERHAMPTON COUNCIL



Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

Are voi						
,	ı a: (Please tick as appropri					
	Pupil at Whitgreave Infant	School		Pupil at Whitgre	eave Junior School	
	Parent/Carer of a pupil at Infant School			Parent/Carer of Junior School	f a pupil at Whitgreave	
	Member of Staff at Whitgr School	eave Infant	X	Member of State	ff at Whitgreave Junior	
	Member of the Governing Whitgreave Infant School	Board at		Member of the Whitgreave Jur	Governing Board at nior School	
	Other (Please state)					
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School	agree with the proposal to with effect from 1 Septembook as appropriate)	merge whitgi er 2018?	reave	infant School wi	th Whitgreave Junior	
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CITY OF WOLVERHAMPTON COUNCIL



CONSULTATION RESPONSE FORM

Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

	a: (Please tick as appropriate)	
	Pupil at Whitgreave Infant School	Pupil at Whitgreave Junior School
	Parent/Carer of a pupil at Whitgre Infant School	Junior School
	Member of Staff at Whitgreave Inf School	School
	Member of the Governing Board a Whitgreave Infant School	Member of the Governing Board at Whitgreave Junior School
	Other (Please state)	
School	with effect from 1 September 2018' k as appropriate)	
\checkmark	YES N	DON'T KNOW
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Education WV1 1RL	Department, City of Wolverhampton Cour	sent to the following address – The School Organisation Team, cil, 1 st Floor, Civic Centre, St Peter's Square, Wolverhampton,
Education WV1 1RL. The dead	Department, City of Wolverhampton Cour	sent to the following address – The School Organisation Team, cil, 1 st Floor, Civic Centre, St Peter's Square, Wolverhampton, mber 2017 .

CITY OF WOLVERHAMPTON C O U N C I L





Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

	 a: (Please tick as appropriate Pupil at Whitgreave Infant So Parent/Carer of a pupil at Wh Infant School 	hool		Pupil at Whitgreave Junior School
Z	Parent/Carer of a pupil at Wh	0110001100 2024		
		itgreave		D 1/0 5 11 11 11 11
				Parent/Carer of a pupil at Whitgreave Junior School
4000	Member of Staff at Whitgreav School			Member of Staff at Whitgreave Junior School
	Member of the Governing Bo Whitgreave Infant School	ard at		Member of the Governing Board at Whitgreave Junior School
	Other (<i>Please state</i>)		90	
School w (please tick	vith effect from 1 September 2 as appropriate)		reave	Infant School with Whitgreave Junior
	YES	NO		DON'T KNOW
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	ne for receipt of responses is 19	November 2	2017.	
The deadli	the for receipt of responses is 19			
	e all comments received will be ackr	nowledged if	f contac	t details are provided.
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CITY OF WOLVERHAMPTON COUNCIL



CONSULTATION RESPONSE FORM

Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

	Are you a: (Please tick as appropriate)						
		pil at Whitgreave Infant Sch			Pupil at Whitgre	ave Junior School		
i c		rent/Carer of a pupil at Whit ant School	greave		Junior School	a pupil at Whitgreave		
		mber of Staff at Whitgreave	Infant	X	Member of Staff School	at Whitgreave Junior		
		mber of the Governing Boa hitgreave Infant School	rd at [Member of the O Whitgreave Juni	Soverning Board at or School		
	Oth	ner (<i>Please state</i>)	•					
	Do you agree with the proposal to merge Whitgreave Infant School with Whitgreave Junior School with effect from 1 September 2018? (please tick as appropriate)							
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Ī	Please add	comments here and overlea	af: Province	10	1 CORISTON	the for the		
	children moving from year 2 to year 3.							
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E	Completed Consultation Response Forms should be sent to the following address – The School Organisation Team, Education Department, City of Wolverhampton Council, 1st Floor, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RL.							
7	he deadline f	or receipt of responses is 19 N	ovember 201	17.				
F	Please note all	comments received will be acknown	wledged if co	ontac	t details are provided	i.		
T	hank you for t	aking the time to complete this fo	rm.					

CITY OF WOLVERHAMPTON C O U N C I L



Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

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CITY OF WOLVERHAMPTON C O U N C I L



CONSULTATION RESPONSE FORM

Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

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Are yo	u a: (Please tick as appropriate)		
<u>u</u>	Pupil at Whitgreave Infant School		Pupil at Whitgreave Junior School
	Parent/Carer of a pupil at Whitgreav Infant School		Parent/Carer of a pupil at Whitgreave Junior School
U	Member of Staff at Whitgreave Infan School		Member of Staff at Whitgreave Junior School
	Member of the Governing Board at Whitgreave Infant School		Member of the Governing Board at Whitgreave Junior School
	Other (Please state)		
School	agree with the proposal to merge Wh with effect from 1 September 2018?	greave In	fant School with Whitgreave Junior
0	YES NO		DON'T KNOW
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Complete Education VV1 1RL	n Department, City of Wolvernampton Council,	to the follo	wing address – The School Organisation Team, vic Centre, St Peter's Square, Wolverhampton,
The dead	lline for receipt of responses is 19 Novembe	2017.	
	ote all comments received will be acknowledge		etails are provided.
	u for taking the time to complete this form.		<u> </u>
	Protection Act 1998.	Vhere applicat	ou provide on this form is subject to the provisions of the Data ble information entered will be forwarded to the relevant officers ply to be given. Information contained within this response will

CITY OF WOLVERHAMPTON COUNCIL



CONSULTATION RESPONSE FORM

Consultation on the Proposed Merger of Whitgreave Infant School with Whitgreave Junior School

Are vo	u a: (Please tick as appropriate)		
Ale yo	Pupil at Whitgreave Infant School		Pupil at Whitgreave Junior School
<u> </u>		<u>_</u>	
	Parent/Carer of a pupil at Whitgreave Infant School		Parent/Carer of a pupil at Whitgreave Junior School
	Member of Staff at Whitgreave Infant School		Member of Staff at Whitgreave Junior School
	Member of the Governing Board at Whitgreave Infant School		Member of the Governing Board at Whitgreave Junior School
	Other (Please state)		
School	u agree with the proposal to merge Whitgi I with effect from 1 September 2018? ick as appropriate)	reave	Infant School with Whitgreave Junior
y	YES NO		■ DON'T KNOW
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CITY OF WOLVERHAMPTON C O U N C I L



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Are you	u a: (Please tick as appropriate)				
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	Parent/Carer of a pupil at Whitgreave Infant School	Parent/Carer of a pupil at Whitgreave Junior School			
	Member of Staff at Whitgreave Infant School	Member of Staff at Whitgreave Junior School			
	Member of the Governing Board at Whitgreave Infant School	Member of the Governing Board at Whitgreave Junior School			
	Other (Please state)				
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School	agree with the proposal to merge Whitgr with effect from 1 September 2018? ck as appropriate)	reave Infant School with Whitgreave Junior			
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The dea	dline for receipt of responses is 19 November	2017.			
Please n	ote all comments received will be acknowledged i	f contact details are provided.			
Thank yo	Thank you for taking the time to complete this form.				

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