



SCHOOL ADMISSION APPEAL FORM FOR RECEPTION, YEAR 1 OR YEAR 2

Before completion, you are advised to read the Parent Information on School Admission Appeals for Reception, Years 1 and 2 Infant Class Size legislation and guidance available on the BCP Council website. This gives further information about the appeals process.

Please provide the following information in full, stating 'not applicable' where appropriate. The decision of the Appeal Panel will be based on the facts, information and supporting evidence provided at the time of the appeal. False information will invalidate your appeal.

Please complete in block capitals using black ink

Please tick as appropriate

I/We are appealing for a place (a) now (b) in September (c) other

School appealing for _____

Have you had an appeal heard in the last year? Yes No

Is the child looked after or previously looked after by the Local Authority? Yes No

Child's current school _____

Child's legal surname _____

Child's first name(s) _____

Date of birth _____ Year group _____

Parent(s)/Carer(s) names _____

Address _____

_____ Postcode _____

Telephone numbers _____

Email _____

Child's faith or religion _____

Is your child baptised? Yes No

Details of other children in the family:

Name(s)	Date of Birth	School(s) attended	Current Year Group

GROUNDS FOR APPEAL

Please set out clearly the grounds of your appeal on this form. If you have evidence that you want to use to support your appeal it is your responsibility to obtain and attach it to this form.

I appeal because the admission arrangements have not been implemented correctly within the terms of the published admissions policy and my child would have been admitted if the arrangements had been implemented correctly because...

Please continue on a separate sheet, if necessary, and attach it to this form

I appeal because St Peter's Catholic Voluntary Academy has been unreasonable in refusing my application for my preferred school, i.e. that it has acted in a way that no reasonable admission authority would have acted, because...

Please continue on a separate sheet, if necessary, and attach it to this form

Will you attend the Appeal Hearing?

Yes

No

Will anyone accompany you to the Appeal Hearing?

Yes

No

I will need an interpreter or signer at the Appeal Hearing

Yes*

No

I will require special arrangements for the Appeal Hearing

Yes*

No

** Please give details (If necessary please continue on a separate sheet)*

Signed _____ Date _____

Full Name _____

Please return this form and any supporting documentation you wish to be considered by the Appeal Panel before the deadline for lodging an appeal which can be found on the school website, for the attention of Mrs S Wallace-Abbott, the Clerk to the Governing Body, St Peter's School, St Catherine's Road, Bournemouth BH6 4AH swo@st-peters.bournemouth.sch.uk

If you have any documentation to submit after receiving the appeal hearing notification letter sent to you by the Clerk to the Appeals Panel, please send it to the Clerk to the Appeals Panel at:

Appeals Officer, BCP Education Appeals Service, Democratic Services, Town Hall, Bournemouth BH2 6DY

Tel. 01202 451163

Email: school.appeals@bcpcouncil.gov.uk