



## 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](mailto: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, BCP Civic Centre, Bourne Avenue, Bournemouth, Dorset BH2 6DY

Tel: 01202 118911.

Email: [school.appeals@bcpcouncil.gov.uk](mailto:school.appeals@bcpcouncil.gov.uk)