

AQUINAS ADMISSIONS APPEAL APPLICATION FORM

NB: This form should be completed and returned to:

The Clerk to the Independent Appeals Panel
 c/o Bishop Justus School
 Magpie Hall Lane
 Bromley BR2 8HZ

Completed forms must be returned as soon as possible to the school

SECTION 1: PUPIL DETAILS

Surname:		Forename:	
Date of birth:	For entry into year:	Date of entry applied:	
Name of School Appealing For:		<i>To be completed for entry to Secondary school only</i>	
Primary:		Current Primary School Name and Address:	
Secondary:			

SECTION 2: PARENT(S)/CARER(S) DETAILS

Name(s) Parent(s)/Carer(s):	
Address:	
Town/County	Postcode
Tel. Home	Tel. Work
Tel. Mobile	
*e-mail address:	

* If you provide an email address all correspondence will be by email.

SECTION 3: APPEAL HEARING ARRANGEMENTS

Require an interpreter?	Yes / no	If yes, please state language:
Require any special access arrangements?	Yes / no	If yes, please state requirements:

SECTION 4: PARENT/CARER APPEAL STATEMENT

(You may, if you prefer, type your response on plain paper, please ensure you clearly state the pupil's name and number on each page and that the statement is signed and dated)

Surname	Forename
Note: Please state your reasons as clearly as possible. You may continue your statement on additional sheets which should be attached to this form together with any supporting evidence. Appeals on the basis of health grounds should be supported by medical evidence.	
Statement:	
I/We wish to appeal against the decision of the Governors not to offer my/our son/daughter a place because:	

Signed
(Parent/carers)

Date.....

(This page can be photocopied if further sheets are required)

Surname	Forename

Signed.....
(Parent/carer)

Date.....