

BISHOP WORDSWORTH'S SCHOOL

Appeal Form Against Admission Decisions

If you wish to appeal against the Governors' decision, please complete this form and return it to the Clerk to the Appeals Panel at the address below.

Please use BLOCK CAPITALS

CHILD'S SURNAME	
CHILD'S FIRST NAMES	
DATE OF BIRTH	
HOME ADDRESS	
SCHOOL CURRENTLY ATTENDING	
YOUR HOME TELEPHONE NUMBER	
YOUR WORK / MOBILE TELEPHONE NUMBER	
YOUR CONTACT EMAIL ADDRESS	

PLEASE STATE YOUR REASONS FOR APPEALING OVERLEAF AND ATTACH ADDITIONAL SHEETS IF NECESSARY.

I WISH/DO NOT WISH TO ATTEND THE APPEAL HEARING IN PERSON
(Please delete as appropriate)

TITLE (Mr/Mrs/Ms)	PLEASE PRINT NAME	SIGNATURE OF PARENT(S)/GUARDIAN(S)

DATE

YOU **MUST** RETURN THE COMPLETED FORM BY THE DEADLINE DATE OF **20 SCHOOL DAYS AFTER RECEIPT OF THE BWS EXAM RESULTS LETTER.**

TO:

Caroline Cave
Clerk to the Appeals Panel
The Cottage
High Street
Figheledean
Salisbury SP4 8JJ

Email: Admissions.Appeals@bishopwordsworths.org.uk

PLEASE REMEMBER TO ATTACH ANY PAPERS YOU WISH TO PRESENT TO THE APPEALS PANEL. PLEASE **DO NOT** INCLUDE BOOKS OR BOOKLETS, PHOTOCOPIES OF THESE ARE ACCEPTABLE. Please **DO NOT** email videos of your son.

I wish to appeal against the decision to refuse my child admission to Bishop Wordsworth's School.

My reasons for appealing are:

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY.