**BISHOP WORDSWORTH’S SCHOOL**

**Appeal 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 Email 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 TO SUPPORT YOUR CASE, 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

**WEDNESDAY 8th NOVEMBER 2023** TO:

**By Email**: admissions.appeals@bishopwordsworths.org.uk

**By Post**: Clerk to the Appeals Panel

 The Cottage

 High Street

 Figheldean

 Salisbury

 SP4 8JJ

PLEASE REMEMBER TO ATTACH ANY PAPERS YOU WISH TO PRESENT TO THE APPEALS PANEL. PLEASE **DO NOT** INCLUDE BOOKS OR BOOKLETS, PHOTOCOPIES OF PAGES FROM THESE ARE ACCEPTABLE.

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

My reasons for appealing are: