

ADMISSION TO SCHOOL – APPEAL FORM



THE BOURNE ACADEMY

PLEASE USE BLOCK CAPITALS

Section 1

SCHOOL NAME: The Bourne Academy

Section 2

Child's full name:	
Date of birth:	Male/Female**
Parent(s)/Carer(s) title, initial and surname:	
Address:	
Postcode:	
Daytime Telephone Number:	Mobile:
Evening Telephone Number:	
Child's current school:	

***Delete which does not apply*

Section 3

Please give details of other children in the family

NAME	DATE OF BIRTH	SCHOOL ATTENDING

Section 4

GROUNDS FOR APPEAL

Below are examples of reasons why you may wish to appeal these are provided as a guide to assist you with the completion of the form. Please tick the box(es) that are applicable and give full details of the reason for your appeal.

Sibling

(a sibling already attending the school)

Personal / Compassionate

(you may wish to give the name of an Education Social Work Officer or Social Worker who will provide a report of your family's circumstances)

If you have other reasons for appealing please give full details below and attach any evidence to support your application.

(If necessary, please continue on a separate sheet and attach it to this form.)

Section 5

Will you attend the Appeal Hearing?	YES/NO*
Will anyone accompany you to the Appeal Hearing?	YES/NO*
Will you need an interpreter or signer at the Appeal Hearing?	YES/NO*
Will you require special arrangements for the Appeal Hearing?	YES/NO*

**Delete which does not apply*

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

Signed: **Date**

Name:

Please send this form to:
Miss L Dawson
SCHOOL APPEALS OFFICER
The Bourne Academy
Hadow Road
Bournemouth
BH10 5HS