# 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:<br><br>Primary:<br><br>Secondary: | | *To be completed for entry to Secondary school only*<br>Current Primary School Name and Address: |

**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 Admissions authority not to offer my/our son/daughter a place because:

**Signed: …….** **Date:**……

(Parent/carer)

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

| **Surname** | **Forename** |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Signed:**…… **Date:**……..

(Parent/carer)