## SCHOOL ADMISSION APPEAL FORM

**(PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK)**

DO NOT USE THIS FORM FOR RECEPTION, YEAR 1 OR YEAR 2 (please complete Infant Appeal form)

Before completion, you are advised to read the Parent Information on school admission appeals for years 3-13 available on the BCP Council website. This gives further information about the appeals process.

Please provide the following information in full, stating “not applicable” where appropriate. The decision of the Appeal Panel will be based on the facts, information and supporting evidence provided at the time of the appeal. False information will invalidate your appeal.

Please tick as appropriate

**I / We are appealing for a place (a) now**  **(b) in September**  **(c) other  \_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| School appealing for |  |

Have you had an appeal heard in the last year? Yes  No

Is the child looked after or previously looked after by the Local Authority? Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s current school |  | | |
| Child’s legal surname |  | | |
| Child’s first name(s) |  | | |
| Date of birth |  | Year group |  |
| Parent(s)/Carer(s) names |  | | |
| Address |  | | |
|  |  | | |
|  |  | Postcode |  |
| Telephone numbers |  | | |
| Email |  | | |

Details of other children in the family:

|  |  |  |
| --- | --- | --- |
| Name(s) | Date of Birth | School(s) attended |
|  |  |  |
|  |  |  |
|  |  |  |
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**GROUNDS FOR APPEAL**

DO NOT USE THIS FORM IF YOU ARE APPEALING FOR RECEPTION, YEAR 1 OR YEAR 2

(Please complete Infant Appeal form)

Please set out clearly and fully all your reasons for your appeal and all the grounds upon which your appeal is based.

If you have evidence that you want to use to support your appeal it is your responsibility to obtain and attach it to this form (or send it to the School Appeals Officer at least seven days in advance of the hearing).Please continue on a separate sheet if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I will need an interpreter or signer at the Appeal Hearing Yes  No \*

I will require special arrangements for the Appeal Hearing Yes  No \*

\* Delete which does not apply and provide details below if necessary

**General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 -** Our school aims to ensure that all personal data collected about staff, pupils, parents, governors, visitors and other individuals is collected, stored and processed in accordance with the [General Data Protection Regulation (GDPR)](http://data.consilium.europa.eu/doc/document/ST-5419-2016-INIT/en/pdf) and the expected provisions of the Data Protection Act 2018 (DPA 2018) as set out in the [Data Protection Bill](https://publications.parliament.uk/pa/bills/cbill/2017-2019/0153/18153.pdf). This policy applies to all personal data, regardless of whether it is in paper or electronic format.

In accordance with the DPA 2018 we are required to keep the information we hold about you up to date and accurate. By signing this form you are confirming the information is correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Please return this form by email to: admissions@st-edwards.poole.sch.uk or by post to Admissions Officer, St Edward’s School, Dale Valley Road, Poole. BH15 3HY.**