

**ST LAURENCE SCHOOL
APPEAL APPLICATION FORM**

Please return your completed form to: Sally Hackett, St Laurence School, Ashley Road, BRADFORD ON AVON, Wiltshire, BA15 1DZ. or email to salhac@st-laurence.com

**PLEASE GIVE DETAILS**

I wish to appeal against the decision to refuse admission for my child to St Laurence School

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| Pupil’s name |  | Current School Year: |
| Date of birth |  |  |
|  |  | Year Group appealing for: |
| Parent(s) name(s) |  |
| Address & post code (This should be the child’s main address) |  |
| Contact Tel Numbers& email addresses |  |
| Name of current school |  |
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|  ***Declaration and Signature of Parent/Carer***  |

* I wish to exercise my right of appeal under the School Standards and Framework Act of 1998 for a place at the above school, as I have been refused a place at this school.
* I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.
* I understand that if I do not attend the hearing and I do not send a family representative my appeal will be heard in my absence using the information I have supplied on this form along with any other information I have submitted before my hearing date.
* I understand that any false or deliberately misleading information given on this form and/or supporting information may render this appeal invalid, or lead to the offer of a place being withdrawn and may result in legal action being taken.

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| **Parent’s/Carer’s Signature** |  | **Date:** |  |

Information supplied will be used for registered purposes under the Data Protection Act 1998.**Checklist:**Before returning this form, please ensure that you have:[ ]  Read the accompanying notes.[ ]  Completed all relevant sections of this form.[ ]  Attached any additional information.Completed forms must be returned to the address at the top of this form. |
| ***Reasons for my appeal (please continue on a separate sheet if necessary).*** |