

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:		<i>To be completed for entry to Secondary school only</i>	
Primary:		Current Primary School Name and Address:	
Secondary:			

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:

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

Surname	Forename

Signed:.....

Date:.....

(Parent/carer)