

BISHOP WORDSWORTH'S SCHOOL

Appeal Against Admission Decisions

If you wish to appeal against the Governors' decision, please complete this form and return it to the Clerk to the Appeals Panel at the address below.

Please use **BLOCK CAPITALS**

CHILD'S SURNAME	
CHILD'S FIRST NAMES	
DATE OF BIRTH	
HOME ADDRESS	
SCHOOL CURRENTLY ATTENDING	
YOUR HOME TELEPHONE NUMBER	
YOUR WORK / MOBILE TELEPHONE NUMBER	
YOUR CONTACT EMAIL ADDRESS	

PLEASE STATE YOUR REASONS FOR APPEALING OVERLEAF AND ATTACH ADDITIONAL SHEETS TO SUPPORT YOUR CASE, IF NECESSARY.

I WISH/DO NOT WISH TO ATTEND THE APPEAL HEARING IN PERSON
(Please delete as appropriate)

TITLE (Mr/Mrs/Ms)	PLEASE PRINT NAME	SIGNATURE OF PARENT(S)/GUARDIAN(S)

DATE

YOUR APPEAL FORM **MUST BE** RETURNED WITHIN THE STATED DEADLINE TO:

By Email: admissions.appeals@bishopwordsworths.org.uk

By Post: Independent Clerk -BWS Appeals Panel,
c/o Bishop Wordsworth's School,
Exeter Street,
Salisbury,
Wiltshire,
SP1 2ED

PLEASE REMEMBER TO ATTACH ANY PAPERS YOU WISH TO PRESENT TO THE APPEALS PANEL. PLEASE **DO NOT** INCLUDE BOOKS OR BOOKLETS, PHOTOCOPIES OF PAGES FROM THESE ARE ACCEPTABLE.

I wish to appeal against the decision to refuse my child admission to Bishop Wordsworth's School.

My reasons for appealing are: