BOURNE WESTFIELD PRIMARY ACADEMY ADMISSION APPEAL FORM

If your child has a Statement of Special Educational Needs and you wish to appeal against the decision not to offer your child a school place, you must contact the Special Educational Needs Team on 01522 553332. This form is only appropriate if your appeal is for Bourne Westfield Primary Academy.

You have been sent two copies of this form: one is for you to complete and return to **The Clerk to the Governors, Bourne Westfield Primary Academy, Westbourne Park, Bourne, PE10 9QS**; the other copy is for you to complete and keep. Please refer to the enclosed School Admission Appeals – A Guide for Parents and Carers when completing this form. If you have any queries please do not hesitate to contact the academy on 01778 424152.

You may appeal at the same time for more than one school or for more than one child. To do this you will need to complete a separate form for each one. Please indicate your order of preference if you are appealing for more than one school. We will try to hear your appeals in this order.

If you wish to appeal for more than one school we strongly advise you to submit all appeals at the same time and state the order in which you would like them heard.

Once returned you will receive a written acknowledgement of this form. If you do not receive this please contact the academy on the above number.

Please use block letters and write in black ink or ballpoint pen.

chool you are appealing for:	
ame of child who is the subject of the appeal:	
ender: Male Female Date of birth:	
your child has been offered a place at an alternative school, please tell us below:	
ontact details of person appealing on behalf of the child:	
ull name:	
elationship to child:	
ddress:	
Postcode	
ome phone number:	
/ork phone number:	

Mobile phone number: Please note - If your telephor telephone regarding this appe	ne will not accept a		
Email address:			
Child's address if different:			
		Postcode	
If you are moving house, ple address between the date you start at the school, please re Moving House.	ı send in your adm	nission appeal form and th	ne date you wish your child to
		Postcode	
Status of move:	Tenano	cy agreement signed	Exchanged contracts
Moving in with partner or relat	ives	Forces posting	Other
(please provide evidence for a photocopy)			
Details of the move, including	dates:		
Other children living in the sar	me household und	er 19 years of age:	
<u>Name</u>	Date of birth	Current schools	Have you appealed before?
			Yes 🗖 No 🗖
			Yes 🗖 No 🗖
			Yes 🗖 No 🗖
If you have appealed for a Lin	colnshire school b	efore please give details i	ncluding dates:
You are legally entitled to ten an appeal more promptly if yo will always be given at least s	ou agree to give up	or "waive" this right. If y	
Do you waive your right to 10	school days notice	9?	Yes No No
Have you received a letter ref If yes, please attach a copy.	using your child a	place at this school?	Yes 🔲 No 🔲
Or was this a verbal refusal?			Yes 🔲 No 🔲

Will you be attending the appeal?	Yes No No
Please indicate any dates when you are not available to attend. We will try tarranging the appeal. However appeals for Reception and Year 7 intake are cannot be changed.	e planned in advance and
If attending the hearing, will anyone accompany you?	Yes 🔲 No 🔲
Name and address of person accompanying you:	
Their relationship to the child:	
If not attending, will anyone represent you at the appeal?	Yes No No
Name, address and organisation (if applicable) of the person representing you	
Do you require the services of an interpreter? This will be provided free of ch	earge if required. Yes No
If yes which language? Please state dialect if relevant	
Do you require the services of a signer? This will be provided free of charge	if required.
Please state if you have any mobility issues so that suitable arrangements ca	
Reasons for appeal Please give the reasons why you want a place for your child at the school to including medical, geographical, religious and any other relevant informatio copies of any supporting documents e.g. medical certificates. See the section and Carers on sending in your appeal.	n. Please attach securely, on in the Guide for Parents

Please continue on a separate sheet if necessary and securely attach to this form. Any supporting information should be photocopies of the original where possible.
Please give contact details of any other person who has parental responsibility for the child. Please read the section in the Guide for Parents and Carers headed Parental Responsibility. (Please give full name, address, telephone number and relationship to the child):
Do you provide consent for us to contact this person? Yes No Please note if you state no the Legal Services School Appeals Team may contact you for further details.
Declaration, please tick:
I declare that I am the parent of the child who is the subject of this appeal. Please read the section in the Guide for Parents and Carers headed Definition of a Parent for further information.
I declare that the information contained in this appeal form is correct as at the date of writing, to the best of my knowledge.
I declare that I have received and read the Guide for Parents and Carers.
Signed:Date:
Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this appeal. The information will be shared with the School

Data given on this form will be stored in paper format and on a secure computer system and will be used solely for the purpose of processing this appeal. The information will be shared with the School Admissions Team and the Legal Services School Appeals Team for the purposes of arranging your appeal only. The academy and the local authority will meet their GDPR requirements in processing your data.