**Secondary School Appeal Form 2022**

This form must be returned by **Thursday 31st March** to the appropriate school, preferably by email:

Mrs K Oliver

**Bullers Wood School for Girls Admissions**

[koliver@bwsgirls.org](mailto:koliver@bwsgirls.org)

Bullers Wood School

St Nicolas Lane

Logs Hill

Chislehurst

BR7 5LJ

Mrs K McCarthy

**Bullers Wood School for Boys Admissions**

[kmccarthy@bwsboys.org](mailto:kmccarthy@bwsboys.org)

Bullers Wood School for Boys

Chislehurst Road

Bromley

BR1 2NW

**INFORMATION CONTAINED WITHIN THIS FORM WILL BE SEEN BY THE SCHOOL, INDEPENDENT CLERK AND INDEPENDENT APPEAL PANEL TO ENABLE YOUR APPEAL TO BE HEARD ACCORDING TO THE SCHOOL ADMISSION APPEALS CODE (2012). BROMLEY LOCAL AUTHORITY WILL ALSO BE MADE AWARE OF YOUR APPEAL**

Please see the Trust Privacy Notices here:

<http://www.bwsgirls.org/wp-content/uploads/2019/09/Privacy-Notices-BW-MAT-GDPR-2019-1.pdf>

|  |  |
| --- | --- |
| Name of pupil |  |
| Date of birth |  |
| Name of parent(s) |  |
| Address |  |
| Telephone contact numbers |  |
| Email address |  |
| School Appealing For | Bullers Wood School for Girls / Bullers Wood School for Boys  *\*Delete as appropriate* |
| If you plan to attend the hearing, please indicate any dates or times of day in the week commencing 16 May 2022 when you would be unavailable: | |
| Do you require an interpreter for the hearing? | Yes/No  If yes, please state language: |
| You have a statutory right to 10 school days’ notice of the appeal hearing date, but this can be waived. This may enable us to hear your appeal more quickly.  I agree to waive the right to 10 school days’ notice of the hearing date \*Yes/No  *\*Delete as appropriate* | |
| **Before completing, please refer to the appeals information booklet located on the school website.**  **Reasons for Appeal:**  Note: Please state your reasons as clearly as possible. You may continue your statement on additional sheets which should be attached to this form together with any supporting evidence. Appeals on the basis of health grounds should be supported by medical evidence.  I/We wish to appeal against the decision of the Governors not to offer my/our son/daughter a place because: | |
| Signed (parent) |  |
| Print name (parent) Mr/Mrs/Ms/Miss |  |
| Date |  |