

Secondary School Appeal Form – In Year**This form must be returned to the appropriate school, preferably by email:**

Mrs H Berry
Bullers Wood School for Girls
hberry@bwsgirls.org
 Bullers Wood School for Girls
 St Nicolas Lane, Logs Hill
 Chislehurst
 BR7 5LJ

Mrs K McCarthy
Bullers Wood School for Boys
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 (1st October 2022). BROMLEY LOCAL AUTHORITY WILL ALSO BE MADE AWARE OF YOUR APPEAL.

Please see the Trust Privacy Notices here: [Privacy-Notices-BW-MAT-GDPR-2019-1.pdf \(bwsgirls.org\)](#)

Name of Pupil:	
Date of Birth:	
Child's Current Year Group:	
Name of Parent(s)/Carer(s):	
Home Address:	
Telephone Contact Numbers:	
Email Address:	
School Appealing for:	Bullers Wood School for Girls / Bullers Wood School for Boys <i>* please delete as appropriate</i>
Do you require an interpreter hearing?	Yes / No (<i>* if Yes, please state which language</i>)
<p>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.</p> <p>I agree to waive the right to 10 school days' notice of the hearing date: Yes / No (<i>* please delete as appropriate</i>)</p>	

EXCELLENCE

COLLABORATION

INCLUSION

Inicio Educational Trust is a company limited by guarantee

Chief Executive: Mr Terry Millar MA

Registered in England, Company Number: 7588418

Registered Office: St Nicolas Lane, Logs Hill, Chislehurst, Kent. BR7 5LJ

Before completing, please refer to the Appeal Guidance Notes 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 daughter/son a place because:

Print Name:	Mr/Mrs/Miss/Ms	
Signed by Parent/Carer:		
Date:		