

**Secondary School Appeal Form – Year 7 September 2024**

This form must be returned by **Tuesday 16<sup>th</sup> April 2024** to the appropriate school,  
**preferably by email:**

Mrs H Berry  
**Bullers Wood School for Girls**  
[hberry@bwsgirls.org](mailto: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](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 (1<sup>st</sup> 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 \(bwsgirls.org\)](#)

<b>Name of Pupil:</b>	
<b>Date of Birth:</b>	
<b>Name of Parent(s)/Carer(s):</b>	
<b>Home Address:</b>	
<b>Telephone Contact Numbers:</b>	
<b>Email Address:</b>	
<b>School Appealing for:</b>	Bullers Wood School for Girls / Bullers Wood School for Boys <i>* please delete as appropriate</i>
<b>Do you require an interpreter hearing?</b>	Yes / No ( <i>* if Yes, please state which language</i> )
<p><b>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.</b></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>	

E X C E L L E N C E

C O L L A B O R A T I O N

I N C L U S I O N

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:

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