



**ST LAURENCE SCHOOL
APPEAL APPLICATION FORM**

Please return your completed form to: The Appeals Clerk, St Laurence School, Ashley Road, BRADFORD ON AVON, Wiltshire, BA15 1DZ

PLEASE GIVE DETAILS

I wish to appeal against the decision to refuse admission for my child to St Laurence School

Pupil's name		Current School Year:
Date of birth		
		Year Group appealing for
Parent(s) name(s)		
Address & post code (This should be the child's main address)		
Contact Tel Numbers		
Name of current school		

Declaration and Signature of Parent/Carer

- I wish to exercise my right of appeal under the School Standards and Framework Act of 1998 for a place at the above school, as I have been refused a place at this school.
- I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing and I do not send a family representative my appeal will be heard in my absence using the information I have supplied on this form along with any other information I have submitted before my hearing date.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this appeal invalid, or lead to the offer of a place being withdrawn and may result in legal action being taken.

**Parent's/Carer's
Signature**

Date:

Information supplied will be used for registered purposes under the Data Protection Act 1998.

Checklist:

Before returning this form, please ensure that you have:

- Read the accompanying notes.
- Completed all relevant sections of this form.
- Attached any additional information.

Completed forms must be returned to the address at the top of this form.

Reasons for my appeal (please continue on a separate sheet if necessary).