



NOTICE OF APPEAL

Year 7 September 2024

To be submitted by 15th April 2024

Please send the completed and signed form to:

**Admissions Officer
ST BERNARD'S HIGH SCHOOL
MILTON ROAD, WESTCLIFF ON SEA, SS0 7JS**

Tel: 01702 343583

I WISH TO APPEAL AGAINST THE DECISION NOT TO PROVIDE EDUCATION FOR MY CHILD AT ST BERNARD'S HIGH SCHOOL.

Child's name (Full Name):	
Date of birth:	Sex:
Parent / Carer Name:	Relationship to child:
Contact Telephone Number:	Email:
Current Primary School:	Have you been offered a school place for your child? Please state name of school:

Appeal Meeting:		Please circle appropriate box	
1.	Do you intend to attend the appeal?	Yes	No
2.	Will you have anyone accompanying you? If yes, please give details: Name: In what capacity are they assisting you:	Yes	No
3.	Do you require an interpreter? Language:	Yes	No
4.	Do you require a sign interpreter?	Yes	No
5.	Do you need disability access? Please state required needs:	Yes	No

Grounds of Appeal (*if there is not enough space on this sheet please continue on another sheet concluding with your signature and the date*). Any additional documentation you feel is relevant to your appeal must also be attached to this form and will be made available to the Appeal Panel.

The grounds of appeal are:

Signed: _____ (parent/carer) Date: _____