

BOUTCHER CHURCH OF ENGLAND PRIMARY SCHOOL

APPEAL FORM

APPEAL AGAINST ADMISSION DECISION by Parent(s)/Guardian of:

Child's First Name(s):

Surname:

Address:

Date of Birth:

When appealing parents have to show that the admissions policy was not applied correctly.

I wish to appeal to the decision of the Governors not to offer my child a place at Boutcher CE School as

I believe the admissions policy was not applied correctly. (Please state how the policy was not applied correctly).

I cannot attend a hearing on/between the following dates:

Signature of Parent(s)/Guardian:

Date:

PLEASE TAKE OR SEND THIS FORM TO THE HEADTEACHER

Boutcher CE Primary School - Appeal Form Receipt

Child's Name:.....
.....

Date Received:

Received By:..... **(Print Name:**
.....)