

CONFIDENTIAL

ST MARY'S CATHOLIC PRIMARY SCHOOL



FORM "B"

**ONLY COMPLETE THIS FORM IF YOU ARE APPEALING FOR A PLACE
IN ANY YEAR GROUP OTHER THAN YEARS R, 1 OR 2**

SCHOOL ADMISSION APPEAL

(PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK)

Please provide the following information in full, stating "not applicable" where appropriate. The decision of the Appeal Panel will be based on the facts, information and supporting evidence provided at the time of the appeal. False information will invalidate your appeal.

I/We are appealing for a place (a) now ☐ (b) in September ☐

(c) other please specify.....
Please tick as appropriate

Preferred school.....

Catchment area School.....

Have you had an appeal heard by either Dorset or Bournemouth in the last year?

.....

Is the child looked after by the Local Authority?.....

Child's present school.....

Child's Surname.....

Child's First name (s).....

Date of Birth Year Group.....

Parent(s)/ Carer(s) names.....

Address.....

.....Postcode.....

Telephone numbers: Home Work.....

Details of other children in the family:

Name(s)	Date of Birth	Schools(s) attended

GROUNDS FOR APPEAL

PLEASE COMPLETE THIS FORM IF YOU ARE APPEALING FOR A PLACE IN ANY YEAR GROUP, OTHER THAN YEARS R, 1 OR 2

Please set out clearly and fully all your reasons for preferring your child to attend the school, and all the grounds upon which your appeal is based. **If any documents, such as medical reports, are to be provided in support of your appeal it is your responsibility to ensure that they are obtained and attached to this form (or sent at least seven days in advance of the hearing to the Head of Democratic Services at the address below)** so that the full circumstances of your appeal can be considered at the Appeal Hearing.

If necessary please continue on a separate sheet.

Signed..... Date.....

Please return this form to:

*The Admissions Officer
St Mary's Catholic Primary School
Devon Road
Poole
BH15 3QQ*