

**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**

**NOTICE OF APPEAL**

**Year 7 September 2026**

**To be submitted by 4th April 2026**

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

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| --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: …………………….…………………………. Date …………………………….