

APPEAL APPLICATION FORM FOR RECEPTION AND/OR IN-YEAR APPEALS

Please return your completed form to the Office Manager, Jewell Academy, Jewell Road, Bournemouth, BH8 OLT or via email to office@jewell-aspirations.org

I wish to appeal against the decision to refuse admission for my child to attend Jewell Academy, Bournemouth.

| bournemouth. | |
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| Pupil Name: | |
| Date of Birth: | |
| Parent/Carer(s) Name(s): | |
| Address and postcode: (this should be the child's main address) | |
| Contact telephone number(s): | |
| Parent's email address | |
| Name of current school: | |
| Name of school offered: | |
| Do you need an interpreter? If so, please state the language: | |

| I have read the information relating to the school admission appeals and wish to appeal under the terms of the School Standards Framework Act 1998, as amended by the Education Act 2002, against the decision of the governors not to offer my child a place at Jewell Academy, Bournemouth. The reason(s) why I wish to attend this school are: | |
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| Reason(s) for appeal: | |
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