

**Biggin Hill Primary School Appeal Form – Year Reception September 2024**  
**This form must be returned by **Thursday 16<sup>th</sup> May 2024** to the appropriate school,**  
**preferably by email:**

Ms A Dawkins  
**Biggin Hill Primary School**  
[a.dawkins@bigginhillps.com](mailto:a.dawkins@bigginhillps.com)  
 Biggin Hill Primary School  
 Old Tye Avenue  
 Biggin Hill  
 TN16 3LY

**INFORMATION CONTAINED WITHIN THIS FORM WILL BE SEEN BY THE SCHOOL, INDEPENDENT CLERK AND INDEPENDENT APPEAL PANEL TO ENABLE YOUR APPEAL TO BE HEARD ACCORDING TO THE SCHOOL ADMISSION APPEALS CODE (1<sup>st</sup> October 2022). BROMLEY LOCAL AUTHORITY WILL ALSO BE MADE AWARE OF YOUR APPEAL.**

Copies of our Policies can be found at our website [Biggin Hill Primary School](#)

<b>Name of Pupil:</b>	
<b>Date of Birth:</b>	
<b>Name of Parent(s)/Carer(s):</b>	
<b>Home Address:</b>	
<b>Telephone Contact Numbers:</b>	
<b>Email Address:</b>	
<b>School Appealing for:</b>	Biggin Hill Primary School
<b>Do you require an interpreter hearing?</b>	Yes / No ( <i>* if Yes, please state which language</i> )
<p><b>You have a statutory right to 10 school days' notice of the appeal hearing date but this can be waived. This may enable us to hear your appeal more quickly.</b></p> <p>I agree to waive the right to 10 school days' notice of the hearing date: Yes / No (<i>* please delete as appropriate</i>)</p>	

EXCELLENCE

COLLABORATION

INCLUSION

**Reasons for Appeal:**

Note: Please state your reasons as clearly as possible. You may continue your statement on additional sheets which should be attached to this form together with any supporting evidence. Appeals on the basis of health grounds should be supported by medical evidence. I/We wish to appeal against the decision of the Governors not to offer my daughter/son a place because:

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<b>Print Name:</b>	<b>Mr/Mrs/Miss/Ms</b>	
<b>Signed by Parent/Carer:</b>		
<b>Date:</b>		