



JOHN CABOT ACADEMY ADMISSIONS

LETTER OF APPEAL

I wish to appeal for a place at John Cabot Academy in respect of:

Full Name of Child: _____

Date of Birth of Child: _____

Home Address: _____

Email Address: _____

Contact telephone numbers: _____

Current Primary School: _____

Full name of Parent/Carer: _____

Preference: 1st/2nd/3rd

Do you wish to attend the hearing of your Appeal? YES/NO (delete as appropriate)

Do you intend to be represented or accompanied by a friend at the hearing?

YES/NO (delete as appropriate).

If YES, please give details of the name of this person: _____

Please continue over

In order for us to provide full information to the independent appeals panel please read the Academy's Admissions Policy/Arrangements and give full details of the reasons for your appeal. Please continue on a separate sheet if you need to and attach any documentary evidence you wish to submit.

I wish to appeal against the decision not to offer my child a place at John Cabot Academy. I confirm that all the information I have provided is accurate. I also agree that checks may be carried out to verify accuracy.

Signed Parent /Carer: _____

Date: _____

Please complete and send this appeal form by this date to:

Julie Jarrett
Admissions Officer
John Cabot Academy
Woodside Road
Kingswood
Bristol, BS15 8BD