**Request for an Appeal Against Non-Admission for Mid-Year Transfers – Academic Year 2024–25**

This form should only be used to appeal for **St Joseph’s Catholic School, Salisbury, Wiltshire**. The completed form should be returned within 20 school days of the date on the refusal letter.

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| --- | --- |
| **Student’s Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Post Code** |  |
| **Contact Telephone No** |  |
| **Email Address****(please print)** |  |

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| **Reasons for Preference/Grounds for Appeal:***(If these include medical or psychological reasons you will need to provide supporting written evidence from a doctor/specialist. On receipt of written evidence, the Governing Body may seek comments from independent advisors.)*  |
| *Please continue on a separate sheet if necessary. Number of sheets attached:* |

|  |  |
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| **Name of Parent/Carer** |  |
| **Signature of Parent/Carer** |  |
| **Date** |  |

**Please return this form by the deadline to:**

Admissions Officer

St Joseph’s Catholic School

Church Road

Laverstock

SP1 1QY

admin@sjcs.org.uk