



BRISTOL CATHEDRAL  
CHOIR SCHOOL

**APPEAL FORM - YEAR 7 2017/18**

**I wish to appeal against the decision to refuse my child a place at  
Bristol Cathedral Choir School**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of Child: \_\_\_\_\_

\_\_\_\_\_

Name of Parent/Carer: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please set out the reasons for your appeal, based on the published oversubscription  
criteria, in writing below:**

***(Continue on a separate sheet/s if required)***

Signature of Parent/Carer: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please complete and return this form by Friday 5th May 2017 to:  
Admissions, Bristol Cathedral Choir School, College Square, Bristol. BS1 5TS**