ADMISSIONS POLICY 2019-20 CONSULTATION RESPONSE FORM

**SCHOOL NAME**

**SCHOOL TOWN**

**Do you agree to the policy for 2019-20?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Unsure | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Please give any comments below:**

**Are you**? (**please tick and use the space provided to state which school you are from):**

A parent/carer of a pupil……………………………………………………………………………………. [ ]

Staff member of a school/academy ………………………………………………………………..………………….. [ ]

Pupil ……………………………………………………………………………………. [ ]

Governor ……………………………………………………………………………………. [ ]

**Other representative**: **(please tick and use the space provided to state which organisation you are from):**

Diocesan representative ………….………………………………………………………………………… [ ]

Union ………….………………………………………………………………………… [ ]

Voluntary Sector representative ……………………………………………………………………………………. [ ]

Other ……………………………………………………………………………………. [ ]

**If you wish to let us know your name and address please complete your details below:**

**Name: ………………………………………………………………………………………….**

**Address: ………………………………………………………………………………………….**

**This response form should be returned to the address below by no later than 22 January 2018.**

Thank you for your views.

If you wish to post your response, please return to**:**

**School Name**

**School Address**

**Fax no:**