



### Statutory School Admission Appeal

Child's Name: ..... D.o.B. .... Year Group..... Gender M/F

Child's Name: ..... D.o.B. .... Year Group..... Gender M/F

Name of Parent/Carer (Mr/Mrs/Miss/Ms).....

Permanent Address .....

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Contact Telephone Number: .....

Present School: .....

School Allocated (If current Year 6): .....

***Please give a brief outline of your reasons for appealing, and provide any further documentation you wish to support your hearing.***

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I **\*will / will not** be attending in person (\*please circle)

Signed: ..... Parent/Carer Date: .....

***To be completed by the school – Received:***