**Admission Appeal Form**

**Child’s Details**

First Name:

Last Name:

Date of Birth:

Full Address:

Name of Current School:

Year Group:

**Parent/carer’s Details:**

First Name:

Last Name:

Mobile Phone Number:

Home Phone Number:

Email Address:

**Appeal Details:**

Name of School Appealing for:

Reasons why you think the school has made a mistake when following the school’s admissions policy which has deprived your child of a place at the school you have named above:

Reasons why you think the school’s decision is not reasonable in the circumstances of your case, given the class size policy of 30 children:

Please attach any further information you feel is relevant to support your appeal.

Do you wish to attend the appeal hearing? (Please note that if you cannot attend, your appeal will be heard in absence)

Do you require an interpreter?