

**APPEAL AGAINST ADMISSION DECISION**

CHILD'S FIRST NAME	SURNAME
DATE OF BIRTH	INTAKE <b>September 2022</b>
MOTHER'S NAME	FATHER'S NAME
ADDRESS	

**PARENT'S STATEMENT**

I wish to appeal against the decision not to offer my child a place at the school because:-

Signature of Parent ..... Date.....

**PLEASE RETURN FORM BY THURSDAY 5<sup>th</sup> MAY 2022**