

St. Theresa's Catholic Primary School APPEALS APPLICATION FORM

Please complete this form and return it to the School

Surname of child	
Christian or other first name(s)	
Date of Birth	
Parent(s)/Carer(s)' Surname(s)	
Christian or other first name(s)	
Relationship to child	
Home Address	
Telephone No(s).	
Present School:	

Do you need an interpreter? Yes [] No []

APPEAL AGAINST REFUSAL OF ADMISSION

(to be completed by the Parent/Carer)

Parent/Carer's Statement

It will help you and the appeals panel if you can state clearly the basis for your appeal. Most appeals fall into one or more of the following categories:

 The Governing Body did not properly apply its policy 	[]	
 My child has been discriminated against 	[]	
The school is not full	[]	
There are special reasons concerning my child	[]	
(Tic	k whichev	ver apply)
There may be other reasons for your appeal. Please write below appeal.	a full exp	lanation of your
I wish to appeal against the decision not to offer my child a place Primary School because:-	at St. The	eresa's Catholic

You may continue on additional sheets and/or attach additional information. Please note that ALL the information that you intend to rely on must be submitted with this form.
Signature of parent/carer
Date