

## Appeal against the decision to refuse admission to Judith Kerr Primary School

Child's last name	Child's first name(s)	
Date of birth	Boy / Girl (please circle as appropriate)	
Parent(s)/carer(s) making this appeal:		
Last name(s)	First name(s)	
Correspondence address		
Postcode		
Contact telephone number(s)		
Day	Evening	
Would you like to receive correspondence regarding the appeal hearing, including the appeal decision letter, by email?		
YES/NO (please circle as appropriate)		
Email address:		
Has the school provided you with a written explanation as to why your child was not offered a place?		
YES/NO (please circle as appropriate)		
Give details of any brothers or sisters attending the school:		
Name	Date of birth	Year group

Reasons for your appeal (you may include a separate sheet and attach to this form)

If you have any accessibility needs in relation to your attendance at the hearing, please give details.

If you need an interpreter at the hearing, please state which language:

**DECLARATION**

I have obtained and read the appeal guidance notes "Admissions Appeals - Guidance for Parents and Carers."

The information I have provided on this form is true and complete to the best of my knowledge and belief.

Signature:

Date: