



School Admission Appeal,
Please return this form to: Allenton Community Primary
School, Brookhouse Street, Derby DE24 9BB

Please read the guidance notes before completing this form.
Please use CAPITAL LETTERS and complete this form in BLACK ink.

Full name of Parent/Guardian:Mr/Mrs/Miss/Ms

Address:

Name of Child:

Post Code:

Childs date of birth:

Male:
Female:

Telephone Number:

Name of your preferred school:

Childs present school:

Name of your normal area school:

Date due to start at new school:

Will you require an interpreter at the appeal hearing?
Yes
No

Optional, If you require an interpreter, please state which language:

Please provide details below of any other brothers and sisters in the family:

Child's Name _____ Date of Birth _____ Current School _____

Child's Name _____ Date of Birth _____ Current School _____

Child's Name _____ Date of Birth _____ Current School _____

Child's Name _____ Date of Birth _____ Current School _____

Please write below all of the reasons for your appeal. If you have any documentation to support your reasons (for example medical letters), please attach them to your appeal.

Declaration:

I can confirm that the above named child is permanently resident at the address stated.
I certify that the information given by me on this form is complete and true and I understand that the Local Authority will take such steps as they consider necessary to verify any information. This may mean contacting the child's present or previous school.

Signed:

Print:

Date: