



APPEAL REGISTRATION FORM 2024

Surname	
Child's first name[s]	
Date of birth	
School year group	
Address	
Borough of residence	
Telephone number - mobile	
Other contact number	
Primary school attended [if applicable]	
Current school [if applicable]	
Name of school appealed for	
Date of appeal	

Parent's statement:

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

Please attached any/all evidence to support you appeal application

Signature of parent/carer

Date

Name of parent/carer