



Woodside High School

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THE CHILDREN AND YOUNG PEOPLE'S SERVICE

Appeal against the decision to refuse admission to a Haringey community school

Name of the school you are appealing for.....

(Please only list community schools you listed on your application form)

Child's details (in BLOCK CAPITALS please)	
First name:	Last name:
Date of birth:	Gender: Male/ Female
Address:	
Post code:	

Parent/Carer's details	
Mr / Mrs / Ms / Miss / Dr / Other (please indicate)	
First name:	Last name:
Relationship to child:	
Telephone number(s) Home:	Work/Mobile:

Further details
Do you need an interpreter? Yes / No
If Yes, please state which language:

Confirmation
I confirm that the information given on this appeal form is true and accurate to the best of my knowledge.
Signed.....(parent/carers) Date.....

Please give reasons for your appeal on the attached sheet.

Co Interim Head Teachers: Lynne Hardcastle & Tracey Rollings

