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Headteacher: Ms Angela Wallace BA Hons, PGCE, MA

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





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

Please give reasons for your appeal on the attached sheet.