

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:

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.