



SCHOOL ADMISSION APPEAL FORM

FOR A PLACE AT ENMORE C OF E PRIMARY SCHOOL DURING THE ACADEMIC YEAR

1. Pupil Details:

Name	Date of Birth	Please ✓	
<input type="text"/>	<input type="text"/>	Is your child -	
		Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>

Preferred School (A separate appeal form must be completed for each school you wish to appeal for)	Date on which place required
<input type="text"/>	<input type="text"/>

Pupil's current school	OR	Previous School	Date last on roll
<input type="text"/>	If not on roll:	<input type="text"/>	<input type="text"/>

Sibling Details:

Name	Date of Birth	Year Group	Please ✓
<input type="text"/>	<input type="text"/>	<input type="text"/>	Current School <input type="checkbox"/> Or Last School <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Applicant's Details:

Title: Mr/Mrs/Miss/Dr/Other (please circle)	Please ✓	
Parent/Carer's Name(s)	Does this child currently reside with you?	Yes <input type="checkbox"/>
<input type="text"/>		No <input type="checkbox"/>

Preferred contact telephone number:	<input type="text"/>
E-mail address:	<input type="text"/>

Your current address:

(All correspondence will be sent to this address)

House Name/No:	<input type="text"/>
Street:	<input type="text"/>
Town:	<input type="text"/>
Postcode:	<input type="text"/>

Your child's address, if different:

House Name/No:	<input type="text"/>
Street:	<input type="text"/>
Town:	<input type="text"/>
Postcode:	<input type="text"/>
How long has your child been resident at this address?	Date Since:

Moving house? Please provide your new address below:	
House Name/No:	Street:
Town:	Postcode:
If moving house, please enter 'exchange of contract' date or 'rental agreement' start date:	

	Please circle	
Have you approached/visited your preferred school?	Yes	No
Have you appealed for a place at this school previously?	Yes	No

3. Parent/Carer Statement:

Please enter any information you feel is relevant to support your appeal for a school place. Should you require more space, please continue on an additional sheet and enclose with this appeal form.

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Are there any dates the appeal hearing should avoid?	
Are you intending to attend the appeal hearing? (we would encourage you to do so if you can)	
Please provide the name of anyone accompanying you to the hearing.	
Please state the role in which the above person is attending e.g. family member, friend, legal representative, Choice Adviser, Social Worker etc.	
Please help us to meet your needs by stating any requirements that you have for access into and around the buildings, access to materials (e.g. print size) or access to spoken language (e.g. induction hearing loop, an interpreter).	

Please note I wish to waive my right to 10 school days notice of my hearing date. Please

Choice Advice can offer impartial support and advice about admission appeals, please see the enclosed leaflet.

I hereby confirm that I am the parent/carers of this child and/or have the parent/carers permission to complete this appeal form.

Signed:

Date: