

APPEALS APPLICATION FORM Sacred Heart Catholic Primary School For entry September 2023 – July 2024

Please complete this form and return it to the School by Friday 25th May 2023

Surname of child			
First name(s)			
Date of Birth			
Parent's/Carer's Surna	ime		
Parent's/Carer's First Name			
Relationship to Child _			
Home Address			
Email:	_		
Telephone No(s).			
Present School:			
Do you need an interpo	reter? Yes[] No[]		
Please let us know if there are any special arrangements that we need to make			

APPEAL AGAINST REFUSAL OF ADMISSION

(to be completed by the Parent/Carer)

Parent/Carer's Statement

It will help you and the appeals panel if you can state clearly the basis for your appeal. Most appeals fall into one or more of the following categories. (Tick whichever apply):

•	The Governing Body did not properly apply its policy	[]
•	My child has been discriminated against	[]
•	The school is not full	[]
•	There are special reasons concerning my child	[]
There r appeal.	may be other reasons for your appeal. Please write below a .	full explanation of your
	o appeal against the decision not to offer my child a place at y School because:	Sacred Heart Catholic

You may continue on additional sheets and/or attach additional information. Pleas note that ALL the information that you intend to rely on must be submitted with the form.
Signature of parent/carer
Date