



## Request for an Admission Appeal

This form should be completed and returned to Mrs L Amphlett at Allhallows Primary Academy, Avery Way, Allhallows, Rochester, Kent ME3 9HR within 10 working days of receipt of this form.

<b>School / Academy appealing for::</b>	
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### PUPIL DETAILS

<b>Name of Pupil:</b>			
<b>Gender:</b>	M / F	<b>Date of Birth:</b>	
<b>Home Address:</b>			
<b>Postcode:</b>			

<b>Name of Parent/Carer:</b>	Title: Mr / Mrs / Miss / Ms / other _____ please delete		
<b>Relationship to child:</b>			
<b>Contact Telephone numbers:</b>			
<b>Home:</b>			
<b>Mobile:</b>			
<b>Email Address:</b>			
<b>School offered (if known):</b>			

<b>Is your child currently attending a school?</b>	YES	NO	If YES,
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<b>Please give the name of the school and the address:</b>

PLEASE ENSURE THAT YOU HAVE COMPLETED YOUR REASONS FOR APPEAL OVERLEAF BEFORE SUBMITTING THIS FORM



**Reasons for appeal: Please state clearly and precisely your reasons for appeal. Any documentary evidence should be attached. Please continue on a separate sheet if necessary.**

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Please note:

- Additional/supporting information and evidence may be submitted with this form in support of your appeal.
- Your appeal will be dealt with by an independent appeals panel. You will receive a confirmation from the Academy that your form has been received and then it will be sent onto the Appeals Clerk who will then contact you direct. The panel will not be able to process the appeal, without the reasons why you are requesting the appeal.

<b>Signed (Parent / Carer):</b>	
<b>Print Name:</b>	
<b>Date:</b>	

If you have any questions please contact:

**Email:** [admissions@allhallowsprimaryacademy.org.uk](mailto:admissions@allhallowsprimaryacademy.org.uk)

**Tel:** 01634 270428