



# St Augustine of Canterbury Catholic Primary School

## Request for an Admission Appeal

Please complete this form in block capitals

<b>Child's Name</b>		<b>Boy/ Girl</b> (Please Circle)
<b>Date of Birth</b>		
<b>Home Address</b>		
<b>Parent/ Carer Name(s)</b>	<b>Mr/ Mrs/ Miss/Ms/ Other:</b> _____ <b>please delete</b>	
<b>Telephone Number(s)</b>		
<b>E-Mail</b>		
<b>Child's Current School</b>		

**COMPLETED FORMS MUST BE RETURNED TO THE SCHOOL WITHIN 20 SCHOOL DAYS OF THE DATE OF THE LETTER**

Once completed, please return this form to **St Augustine of Canterbury Catholic Primary School, Deanwood Drive, Rainham, Kent ME8 9NP** Once received, the Appeal Panel will invite parents to a review and consider the application, notifying parents of the outcome within 30 schools days of receipt of the Appeal Request Form.

(Please turn over)

**Please clearly state your reasons for appeal.**

Please continue on a separate sheet if you wish

**Please note**

- Additional/supporting information and evidence may be attached in support of your appeal.

<b>Signed</b>	
<b>Name</b> (Please Print)	
<b>Date</b>	

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**For School Use only**

<b>Date Application Received:</b>		<b>Right of Appeal Offered:</b>	Yes	No
<b>Appeal Requested</b>	Yes	No	<b>Date Appeal Committee advised:</b>	
<b>Date of Appeal:</b>		<b>Outcome of Appeal:</b>	Successful	Refused
<b>Child Start Date (if applicable):</b>		<b>Signed:</b>		