

**Sir John Cass's Foundation Primary School
APPEAL AGAINST ADMISSION DECISION**

To be completed by the Parent or Carer:

Child's First Name: _____ **Surname:** _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Date of Birth:** _____

Mobile: _____ **Email address:** _____

School requested: _____ **Current school:** _____

I appeal against the decision not to offer my child a place at.....School

My reasons for appealing are:

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continue overleaf if necessary

If you have appealed before, please name the school appealed for and the date below:

School: _____ Date: _____

Do you need an Interpreter at the appeal hearing? Yes No

If yes, would you like the Authority to try to provide one? Yes No

If yes, please insert language spoken at home

I cannot attend a hearing on/between the following dates

Signature of parent (s): _____ Date: _____

Name of parent(s): _____

A leaflet explaining the appeals procedure is attached.

**Please return this form to: Claire Bush
Sir John Cass's Foundation Primary School,
St James Passage, Dukes Place
London EC3A 5DE
Tel: 020 7283-1147 Fax: 020 7626 5071**

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