****

# Appeal form for parents/carers seeking to appeal for a place at a Southwark primary community school September 2024 intake

**Please read the guidance notes on admission appeals before you complete this form. PLEASE USE CAPITAL LETTERS**

| **Child’s last name:** **Child’s first name:** |
| --- |
| **Date of birth:**  |
| **Boy / Girl (delete as appropriate)** |
| **Parent/carer last name(s):** **Parent/carer first name(s):** |
| **Address:****Postcode:** |
| **Contact telephone number(s)** **Day:** **Evening:** |
| **Name of school that you are appealing for:** |
| **Please confirm if you would like to receive correspondence about the appeal hearing, including the appeal decision letter by email****YES/NO (please delete as appropriate)****Email address:**  |
| **Provide details below of any brothers or sisters attending this school (you must include their name, date of birth and year group):** |
| **Reasons for your appeal (you may include these as a separate sheet and attach):**  |
| **If you have any accessibility needs in relation to your attendance at the hearing, please give details:**  |
| **If you need an interpreter at the hearing, please give details of which language:**  |

| **I have received and read the appeal guidance notes:** **Signature** **Date**  |
| --- |
| **Return the completed form and attachments by email to** **appeals.mec@gmail.com****The deadline for returning the completed form is 11.59pm on Friday 24 May 2024****Should you wish to return the form by post please contact Sharon Mair (independent Appeal Clerk) by telephone on 07956 545 267 who will be able to advise you further.**  |