

Appeal against the decision to refuse an in year admission to a Southwark community primary school

Please read the guidance notes on in year admission appeals before you complete this form.

Child's last name	Child's first name	
Date of birth	Boy/girl	
Parent/carer last name(s)	Parent/carer first name(s)	
Address		
Postcode		
Contact telephone number(s) Day	Evening	
Email address		
Name of school you are appealing for		
Give details of any brothers or sisters attending this school		
Name	Date of birth	Year group
Reasons for your appeal (you may attach these as a separate sheet)		

I confirm that I have read the in year appeal guidance notes.

Signature

Date

Return completed form and attachments by email to
inyear.admissions@southwark.gov.uk

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AS WE NO LONGER ACCEPT DOCUMENTS BY POST