

	FOR OFFICE USE ONLY:				
REA	REF No.	YEAR			
	REA	REA REF No.			

APPEAL AGAINST AN ADMISSION DECISION

	\	_ / \\\		11001011	DLOIC			
PREFERRED SC	HOOL							
REQUESTED DA	TE OF ADM	ISSION						
PUPIL'S DETAILS	3							
PUPIL'S SURNAME				DATE	OF BIRTH	DAY	MONTH	YEAR
PUPIL'S FIRST NAME(S)						MALE	/ FEMAL	-E*
PUPIL'S HOME A	DDRESS							
		POSTCO	DE					
PRESENT SCHO if applicable	OL							
PARENT/GUARD	IAN'S DETA	ILS						
TITLE	FIRST NAM	Г NAME		SURNAME				
RELATIONSHIP 1	O CHILD							
HOME ADDRESS DIFFERENT FRO CHILD'S)								
		POSTCO	DE					
HOME ☎		WORK 🕿			MOBILE 			
1101111	<u> </u>		Work 2			WODIE	<u> </u>	
DO YOU WISH TO	O ATTEND T	HE APPE	AL COMMITTEE IN P	ERSON? YES	6/NO*			
Please state	most conve	nient time	of day for you to att	end:	am		pm	
Dates unavai	lable to atte	end						
(Although every effort will be made, it may not be possible to comply)								

• Will you be accompanied by a friend, supporter or professional representative? YES/NO*



FOR OFFICE USE ONLY:				
DATE RECEIVED	AREA	REF No.	YEAR	

		(*Delete as appropriate
	REASONS FOR APPE	AL
Continue on a separate	e sheet if necessary)	

IMPORTANT: PLEASE COMPLETE IN BLACK INK

This form should be fully completed and sent by post to Emmanuel Community School, The Drive, Walthamstow, London E17 3BN. If you are emailing please note that the form will have to be signed, scanned and emailed to admin@emmanuelcommunityschool.co.uk Please return your form by the deadline noted on our website.

This appeal form will be acknowledged on receipt. If you do not receive an acknowledgement within 10 days, please contact us on 020 8520 0775.