



**Appeal Form for School  
Admissions  
Leagrave Primary School**

<b>OFFICE USE ONLY:</b>	
<b>Date Appeal Form Received:</b>	
<b>Date of Appeal:</b>	

<b>Applicant details:</b>	
<b>Applicant's name:</b>	
<b>Applicant's email address:</b>	
<b>Applicant's telephone number:</b>	
<b>Do you have parental responsibility for the pupil?</b>	YES/NO

<b>Child's details:</b>	
<b>First name:</b>	
<b>Last name:</b>	
<b>Date of birth:</b>	
<b>Gender:</b>	
<b>Address:</b>	
<b>Flat number or building name</b>	
<b>House number</b>	
<b>Street</b>	
<b>Town</b>	
<b>County</b>	
<b>Post code</b>	

<b>Father's contact:</b>			
<b>First name</b>	<b>Last name</b>	<b>Telephone number</b>	<b>Email address</b>

<b>Mother's contact:</b>			
<b>First name</b>	<b>Last name</b>	<b>Telephone number</b>	<b>Email address</b>



**If you wish to attach any documents (for example, medical information) to support your case, please do so and send to us with this application.**

**Independent appeal declaration:** I understand that an Independent Appeal Panel will hear my appeal, which I have a right to attend. I certify that the information I have given on this form is correct. I understand that any false or deliberately misleading information on this form and/or supporting documentation or other information may render this appeal invalid or lead to any offer of a place being withdrawn.

PRINT NAME	SIGNATURE	DATE

**Please send the appeal form along with any further supporting documents to [admin@leagraveprimary.co.uk](mailto:admin@leagraveprimary.co.uk)**