



# School Admission Appeal

**Please return this form to: Oakwood Junior School, Holbrook Road, Alvaston. Derby. DE24 0DD**

Please read the guidance notes before completing this form. Please use CAPITAL LETTERS and complete the form in BLACK ink.

### CHILD DETAILS

Child's name:

Date of Birth:

Address:

Gender:

### PARENT/CARER DETAILS

Full name of Parent/Guardian:

Mr/Mrs/Miss/Ms

### Telephone Numbers

Day:

Mobile:

Email Address:

Will you require an interpreter at the appeal hearing?

Yes  No

**Optional**, if you require an interpreter, please state which language: \_\_\_\_\_

Child's present school:

Name of your preferred school:

Name of your normal area school:

Date due to start at new school:

Please provide details below of any other brothers and sisters in the family:

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Current School \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Current School \_\_\_\_\_

Please write below all of the reasons for your appeal. If you have any documentation to support your reasons (for example medical letters), please attached them to your appeal.

**Declaration:**

I confirm that the above named child is permanently resident at the address stated

I certify that the information given by me on this form is complete and true and I understand that the Local Authority will take such steps as they consider necessary to verify any information. This may mean contacting the child's present or previous school.

SIGNED:

PRINT:

DATE: