APPEAL AGAINST DECISION TO REFUSE ADMISSION TO
ST LUKE'S PRIMARY SCHOOL
TO BE COMPLETED BY PARENT / GUARDIAN

Child's first name		**Surname**	
Date of birth			
Address			
Borough of residence			
Telephone			
School requested			
Current school			

Parent's statement: I wish to appeal against the decision not to offer my child a place at my chosen school because:

Child's first name		**Surname**	

Parent's statement continued:

Signatures of Parent/ guardian		Date
Name of Parent / guardian	Please print	