

ADMISSION APPEAL FORM

Please state which school campus your appeal relates to:

Christ Church C of E Primary School, 45 Commerell Street, London SE10 0DZ

□ St Mary Magdalene C of E School, Woolwich Campus, Kingsman Street, London SE18 5PW

D St Mary Magdalene C of E School, Peninsula Campus (Primary Phase), Hendon Street, London, SE10 0NF

□ St Mary Magdalene C of E School, Peninsula Campus (Secondary Phase), Hendon Street, London, SE10 0NF

Surname of child:		
First name (s)		
Middle name(s):		
Date of birth:		
Name of parent(s)/guardian(s):		
Home Address:		
Home telephone:		
Daytime telephone		
(if different):		
Child's current school		
(if applicable):		
I wish to appeal against the governors' decision not to offer my child a place:		
I wish to attend the appeal in	Yes \Box No \Box (Tick appropriate box)	
person:		
I wish to be represented at the appeal:	Yes \Box No \Box (Tick appropriate box)	
If you wish to be represented, please give details:		
Name of representative:		
Occupation of representative:		
Address of representative:		



Telephone No of representative:		
If you have other children, please give details below:		
Name(s) and ages:		
School(s) attended:		
NB: It is a requirement that where the majority of children are 5, 6 or 7 years old they are taught in classes of 30. The powers of the Appeals Panel to allow an appeal are, therefore, more limited than in other appeals for older children. Please see information overleaf.		
My reasons for appealing are as follows: (Please attach additional sheets, if necessary.)		
(a) If you think the Governing Body has not complied with the mandatory requirements of the School Admission Code and that your child would have been offered a place if the Governors had complied, please explain why below.		
(b) If you think the Governing Body has not applied the admission criteria correctly to your application and that your child would have been offered a place if the Governing Body had done so, please explain why below:		
(c) If you think the Governing Body has acted unreasonably in the circumstances of your case, please explain why below:		
Signed:	Date:	
This form must be returned addressed to the Clerk to the Admission Appeal, c/o Miss E Holliday (e-mail:		

eholliday@koinoniafederation.com) by 12.00 hours on

