



## School Admission Appeal

**Please return this form to: Hardwick Primary School, Dover Street, Derby  
DE23 6QP**

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

Full name of Parent/Guardian: Mr/Mrs/Miss/Ms

Address:

Name of Child:

Post Code:

Child's date of birth:

Male ☐

Female ☐

Telephone Number:

Name of your preferred school:

Child's Present School:

Name of your normal area school:

Date due to start at new school:

Will you require an interpreter at the appeal hearing?

Yes ☐

No ☐

**Optional,** If you require an interpreter, please state which language:

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 \_\_\_\_\_

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 attach 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: