ADMISSION APPEAL FOR St Thomas of Canterbury Catholic Primary School

Child's Name:	
Date of Birth:	
Home Address:	
Post Code:	
Parent / Carer's Name(s):	
Tel No:	
Primary School Requested:	
Primary School(s) offered (if known):	
Parent / Carer's Signature:	
Date:	

Please return this notice of appeal to: The Chair of Governors, St Thomas of Canterbury Catholic Primary School, Romany Road, Rainham, Gillingham, Kent ME8 6JH as soon as possible

Please state clearly your be attached.	reasons for appeal.	Any documentary evidence should
Parent / Carer's Signature:		
Date:		