



ADMISSION APPEAL FORM

Appeal for admission to St Teresa's Catholic Academy

Name of child _____

Date of birth _____

Year Group _____

Starting date _____

Category/Criterion for entry (see admissions criteria) _____

Current School/Nursery _____

I wish to appeal against the decision not to allocate a place at St Teresa's Catholic Academy

Name _____

Address _____

Post Code _____

Telephone: Daytime _____ Evening _____

Grounds for appeal

Please give details of reasons why you believe your child should be admitted to the school and on what grounds you are appealing:

- a) Refusal on the grounds of infant class size prejudice
- b) Other reasons

Please use extra space if necessary, and include any documents that you feel might strengthen your case.

Signed _____