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ADMISSION TO PRIMARY, INFANT OR JUNIOR SCHOOL

**REQUEST FOR AN CASUAL IN-YEAR ADMISSION APPEAL
 FOR MAUNDENE PRIMARY SCHOOL**

**COMPLETED FORMS MUST BE RETURNED TO MAUNDENE PRIMARY SCHOOL
 WITHIN 20 SCHOOL DAYS OF THE DATE OF THE LETTER**

Please complete this form in block capitals

School Being Appealed For			
Child's Name			Boy / Girl (please delete)
Date of Birth		Application Reference Number (as shown on your offer email/letter)	
Home Address	Post Code:		
Parent/Carer Name(s)	Title: Mr / Mrs / Miss / Ms/ other _____ please delete		
Telephone Number			
E-mail			
Child's Current School	(for junior school appeals only)		
School Offered			

IMPORTANT:

- **This form should be used to request an appeal at Maundene Primary School.**
 The forms must be returned to the Clerk to the Appeal Panel at the school.

Please state clearly your reasons for appeal.

Please note:

- Appeals requests received after the stated date may not be heard at the same time as all other appeals submitted for the school, but will be arranged for a later date
- If you make an appeal your child's name will automatically go on the waiting list for the school.
- Additional/supporting information and evidence may be attached in support of your appeal.

Signed	
Name (please print)	
Date	