ADMISSION APPEAL FOR
ST MICHAEL'S CATHOLIC PRIMARY SCHOOL

Child's Name: …….. (Boy / Girl) Date of Birth:

……

Home Address: …… Post Code:

……

Parent / Carer's Name(s): …….…….…… Tel No:

……
(Mr/Mrs/Ms) (please print)

Parent / Carer's Signature: ……. Date:

……..

Primary School Requested: S*t Michael's Catholic Primary School*…….…….

Primary School(s) offered (if known):

……..

Please return this notice of appeal to:
The Headteacher, St Michael's Catholic Primary School, Hills Terrace,
Chatham, Kent ME4 6PX as soon as possible

Please state clearly your reasons for appeal. Any documentary evidence should be attached.