**Admission Appeals Form**

**Childs Name**:

**Child’s Date of Birth:**

**Parent/Carer Name(s**):

**Home Address**:

**Contact Tel No/s:**

**Parent/Carer Email Address**:

I would like to appeal against the decision not to offer my child a place at The John Roan School. My reasons are as follows:

***\*Continue on a separate sheet if required.***

I consent to the admission appeal hearing information being sent to me via email, at the address provided overleaf.

Signed: (Parent/Carer) Date:

**Completed form/s and any supporting evidence are to be returned to:**

**Admissions Department**

The John Roan School

Westcombe Park Road

London SE3 7QR

Or via **Email**: Admissions@thejohnroanschool.org.uk