

# ADMISSION APPEAL FOR St Thomas of Canterbury 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: *St Thomas of Canterbury PS* .....

Primary School(s) offered (if known):

.....

**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 reasons for appeal. Any documentary evidence should be attached.