

Sulivan Primary School Admissions Appeal

Please indicate below how you will prefer your appeal to be held:

Written submission ☐ Telephone/Teams conference ☐

To be completed by parent/guardian. The form should be returned directly to the school for the attention of the United Learning Governors.

Return via email: admissions@sulivanprimaryschool.org.uk or via post:

Sulivan Primary School Peterborough Rd, London SW6 3BN

1. About Your Child	·
First Name:	Surname:
Date of Birth:	Boy/Girl:
Home Address:	
Current School:	
2. Parents/Carers Details	
Title (eg Mr, Mrs, Ms):	
First Name:	Surname:
Relationship to child:	
Home Address: (if different to child address above)	
Contact Tel no: Contact Email:	
Contact Email:	



3. Reasons	for Appeal			
My reasons for appealing are as follows (continue on a separate sheet if necessary):				
4. Attendin	ı the Appeal			
If there are a	dates on which you are una	ble to attend a hearing,	please specify here:	
	ny assistance, eg interpreter r, please give details here:	c (please specify langua	ge), wheelchair access,	
5. Parent/carer signature				
Signature:		Da	ate:	