

SCHOOL ALLOCATION PRIMARY REPLY FORM

Services for Children and Young People



Please complete this form and return **within 2 weeks** from the date of the enclosed letter to:

School Admissions Team
Plymouth City Council
Plymouth
PL1 2AA

Name of child	
Child's date of birth	
Current / previous school attended	
School allocated	

***I will** be taking up the place offered and prefer my child to start in September*, January*, April*
or

***I will not** be taking up the place offered
(*delete as appropriate).

If you do not wish to take up the place offered, please provide reasons in the space below, including what alternative provision you will be making for your child's education:

Mother's/Carer's full name, title and signature

Date of signing/....../.....

PRINT NAME

SIGNATURE

Father's/Carer's full name, title and signature

Date of signing/....../.....

PRINT NAME

SIGNATURE