

SCHOOL PLACE ACCEPTANCE FOR IMBERHORNE SCHOOL SEPTEMBER 2024

PLEASE RETURN TO THE ABOVE NAMED SCHOOL by 1 May 2024.
Accepting the place offered does not affect your right to join a waiting list or appeal for any school you have been refused but will ensure that your child has a school place for September.

Child's Forename				
Child's Surname				
Is the name above your child's legal name? Yes/No				
Child's Date of Birth		Male/Female		
Child's Address				
	T			
Current School (if applicable)				
*Tick applicable box				
\square I accept the place offered and attach a copy of my $\frac{2024/2025}{2024/2025}$ Council Tax statement as required.				
\square I do not need the place allocated as I have made the following alternative arrangements				
If your address has or will be changing before September 2024 you must notify the Pupil Admissions Team without delay.				
West Sussex County Council reserves the right to request further supporting documentation where necessary to confirm residence at the application address – places secured using false information will be withdrawn.				
Your place may be offered to another child if the school does not receive this completed slip.				
By signing this form I confirm that I have parental responsibility for this child and that all the information given is legal and true.				
Print Name:	Signatur	e:		
Date:	Relations	ship to Child:		
Home Tel: No:	Work Tel	: No:		
E-mail address:				