APPEAL AGAINST ADMISSIONS DECISION

Transfer from Primary to Secondary School

THE GREY COAT HOSPITAL

To be completed by parent/guardian. Please return this form to APPEALS CLERKS ASSOCIATES

C/0 THE GREY COAT HOSPITAL

ST ANDREWS

GREYCOAT PLACE

LONDON

SW1P 2DY

TO BE RETURNED NO LATER THAN FRIDAY 29th MARCH 2019

PLEASE INCLUDE A SELF ADDRESSED ENVELOPE IN ORDER TO RECEIVE ACKNOWLEDGEMENT OF YOUR APPEAL.

1. About Your Child				
First Name(s)	Surname/ Last Name			
Date of Birth (dd/mm/yy)	1 1			
Child's Home Address	Postcode			
Primary School				
2. Parents/Carers Details				
Title (Please ci	rcle) Mr Mrs Miss Ms Initials			
Surname/ Last name	Relationship to Child			
Address (if different from child's address given above)	Postcode			
Home Tel no.	Daytime E-mail Address			
3. Appeal Details				
I wish to appeal against the decision not to offer my child a place at				

THE GREY COAT HOSPITAL

School

4. Reasons for Appeal				
The reasons for my appeal are as follows:				
Please continue on a separate sheet if necessary and enclose any supporting documentation.				
5. Attending the Appeal				
Attending the Appeal (please tick as appropriate):				
☐ I wish to attend in person ☐ I do not wish to attend in person				
If there are any dates on which you are unable to attend a hearing, please specify here:				
If you require any assistance, eg interpreter (please specify language), wheelchair access, signer, or other, please give details here:				
6. Parental signature				
Signature]		
of Parent		Date		