

# 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/O THE GREY COAT HOSPITAL  
ST ANDREWS  
GREYCOAT PLACE  
LONDON  
SW1P 2DY

TO BE RETURNED NO LATER THAN FRIDAY 27th MARCH 2020

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)

Child's  
Home  
Address

Postcode

Primary  
School

### 2. Parents/Carers Details

Title (Please circle) 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  
Tel no.

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

*Please continue overleaf*

#### 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