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 29 MARCH 2024

Appeals will be heard in week commencing 10 June 2024

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 circle) Mr Mrs Miss Ms Initials						
Surname/ Last Name	Relationship to Child					
Address (if different from child's address given	Postcode					
above)						
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					
6. Parental Signatu	ле —		1		
Signature of Parent			Date		