

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
THE GREY COAT HOSPITAL
GREYCOAT PLACE
LONDON
SW1P 2DY

TO BE RETURNED NO LATER THAN FRIDAY 4 APRIL 2025

Appeals will be heard in week commencing Monday 9 June 2025

**PLEASE CONTACT US AT LOWER-ADMISSIONS@GCH.ORG.UK 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

School

THE GREY COAT HOSPITAL

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