

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 17th APRIL 2026

Appeals will be heard in week commencing Monday 8th June 2026

Stage 1 part of the hearing (with other parents present) 09:30 – 10:30 on Monday 8th June 2026

**PLEASE USE THE CONTACT US FORM ON THE GREY COAT HOSPITAL WEBSITE 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