Appeal Against Admission Decision – Mid Term Admissions

To be completed by the student’s parent/carer

|  |  |  |  |
| --- | --- | --- | --- |
| **Date submitted:** |  | | |
| **Student’s Last Name:** | : | | |
| **Student’s First Name:** |  | **DoB** |  |

Please include any sibling information if relevant to the appeal

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sibling’s Name:** |  | | | | |
| **Admission Date to CHSG:** |  | | **DoB:** | |  |
|  |  | |  | | |
| **Parent/Carer Last Name:** |  | | **Title:** | |  |
| **Parent/Carer First Name:** |  | |  | | |
| **Home Address:** |  | | | | |
| **Post Code:** |  | | | | |
| **Mobile No:** |  | **Home Telephone No:** | |  | |
| **Email Address:** |  | | | | |
| **Current School:** |  | | | | |

**I wish to appeal against the decision of the school not to offer a place.**

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| --- |
| Please state the reasons why you wish to appeal against the decision not to admit your child to the school, and list any supporting documents  Please make every effort to send any documents to support your appeal at the same time, remembering to retain for yourself one set of your appeal submission.  **Emailed submissions cannot be accepted.** |

**Please tick the following as applicable:**

1. I am able to attend a Zoom conference and prefer: Video or Audio

1. I wish to have my appeal considered solely on the written case I have provided.
2. I would like a friend or representative to attend the appeal hearing.

Name of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you wish to supply supporting letters or paperwork, please include them with this form.

* This appeal form must be completed in full, and appellants must include the **grounds** for their appeal on page 1.
* Please DO NOT include: photographs of the child or family, or certificates for sport or music which are not relevant to the appeal.
* It is not necessary to include details about the child’s ability where academic ability is not relevant to the application.

## Please return this form and any supporting documents.

Deadline for return of appeal form:

Transfer to secondary school - 20 days after National Offer Day

No deadline for mid year admissions

**Data protection**: I agree that the documentation I submit for appeal may be shared in confidence with the School and the Clerk to the Appeal Panel (which will be stored safely for 2 years) and the Appeal Panel (which will be destroyed after the hearing).

 Signed…………………………………..………….………….

Print Name……….…………………………………………. Date ………………………

**PLEASE NOTE: APPEALS WILL BE ARRANGED ON A SCHOOL DAY**

Please return this form to:

The Clerk to the Admissions Appeals Panel

Carshalton High School for Girls

West Street

Carshalton

SM5 2QX

Tel: 020 8647 8294

Email: [office@chsg.org.uk](mailto:office@chsg.org.uk)

Website: [www.chsg.org.uk](http://www.chsg.org.uk)