

# QUEEN ELIZABETH'S GIRLS' SCHOOL APPEAL AGAINST ADMISSION DECISION

Please complete in **BLOCK LETTERS AND BLACK INK.**

**I/We wish to appeal against the decision of the Governors of Queen Elizabeth's Girls' School to offer my child a place at the school.**

1	Title (please tick)	Mr		Mrs		Ms		Other	
	Full name of parent(s) or guardian(s):								
2	Relationship to child	Parent		Guardian		Other Please state			
3	Home address:								
		Postcode							
	Home telephone number:								
	Mobile telephone number:								
	E mail address:								
4	Full name of child:								
	Date of birth:	Date			Month			Year	
	Male/Female:								
5	Name of school offered/allocated:								
6	I wish to attend my appeal in person	Yes		No		(Tick appropriate box)			
7	I will be represented at my appeal	Yes		No		(Tick appropriate box)			
8	Please tell us if you have a disability and need assistance or have any other concerns regarding access								
9	If you need an interpreter, will you bring a friend with you or would you like the Clerk to organise an interpreter for you?								
10	Does your child currently have a statement of Special Educational Needs?	Yes		No					
11	Are there any days or dates when you would not be able to attend a hearing?								

**RETURN THIS FORM TO  
Queen Elizabeth's Girls' School  
High Street, Barnet, Herts EN5 5RR  
Email: [office@qegschool.org.uk](mailto:office@qegschool.org.uk)**

<b>Office use only</b>	Date Received		Received by Clerk	
------------------------	---------------	--	-------------------	--

