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	Oth	ner
	Full name of parent(s) or guardian(s):							
2	Relationship to child	Paren	t	Gua	ardian		Other Plea state	se
3	Home address:							
		Р	ostcod	е				
	Home telephone number:							
	Mobile telephone number:							
	E mail address:							
4	Full name of child:							
	Date of birth:	Date		N	/lonth		Year	
	Male/Female:							
5	Name of school offered/allocated:							
6	I wish to attend my appeal in person	Yes			No		(Tick a	ppropriate box)
7	I will be represented at my appeal	Yes			No		(Tick a	ppropriate 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?	Ye	es				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

Office use only	Date Received	Received by Clerk	

My reasons for appealing are:		
	الماريميين مرملطيمين	les a place of Ousen Flizabethle Cirle!
The panel will wish to know why you and your da		
School. Please include any social and medical re	easons you wis	h the panel to be aware of e.g. family
circumstances or special educational needs etc.	,	, ,
circumstances of special educational needs etc.		
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If necessary, please continue on a separate shee	et and attach ar	ny supporting documents/evidence.
DETIIDN TL	IIS FORM TO	
		1
Queen Elizabet	n's Giris' Scr	1001
High Street, Barn	et, Herts EN5	5 5RR
Email: office@c		
	10900000.	gian
aration and Signature of Parent/Carer		
I wish to exercise my right of appeal under the School	ol Standards & F	ramework Act 1998 for a place at Queen
Elizabeth's Girls' School as I have been refused a pla		
I certify that I am the person with parental responsibi		
is true to the best of my knowledge and belief.	iity for the oring f	amod in cochon i and the information give
I understand that if I do not attend the hearing my ap	ngal will be bear	d in my absence using the information I have
supplied on this form together with any other informa		
date.	mon sent to the C	bient to the Appeals Fallel before my fleam
uale.		
igned:	Date:	