



# St. Anne's Catholic High School for Girls

Primary School to Secondary School Transfer

## Notification of an Appeal against the Decision not to offer your Daughter a Place at St. Anne's

Please read the accompanying information before completing all sections of this form, page one in block capitals. You may submit the grounds for your appeal on a separate word processed sheet if you wish.

### Information about your daughter

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Home Address \_\_\_\_\_

Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

The Governing Body and Enfield School Appeals Service, acting on behalf of the Governing Body, will send all correspondence to the address you have provided for your daughter.

### Information about you

The Governing Body assumes that your appeal is lodged with the agreement of all adults with parental responsibility for the child. Do you have parental responsibility for the child names above? **Yes/No**

**Mr/Mrs/Ms/Dr/Other** (pls delete as appropriate or write in) \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Telephone - Day \_\_\_\_\_

Telephone - Eve \_\_\_\_\_

Email Address \_\_\_\_\_

### Information we need to help us arrange your appeal hearing

- Will you be attending the appeal hearing? **Yes / No**
- Would you like us to contact you to discuss any particular needs we should be aware of when arranging your hearing, for example relating to a disability? **Yes/No**
- If you will be bringing someone with you to the hearing (e.g., wife, husband, partner, friend) please tell us their name and relationship to you:  
\_\_\_\_\_

- If you need one can you bring an interpreter with you? **Yes/No**

- If we need to arrange an interpreter, what language do you speak? \_\_\_\_\_

If you have asked for an interpreter but find you no longer need them, for example because a friend or relative can assist you, please let the School Appeals Service know as soon as possible on 020 8379 3422.

**Notice of your Appeal Hearing date**

The Clerk to the Appeal Panel is normally required to give you at least 10 school days' notice of the date for your appeal hearing; however, occasionally appeal dates are offered at shorter notice. If you are happy to be offered an appeal date at shorter notice and wish to waive your right to 10 days' notice, please sign below.

**I waive my right to 10 school days' notice of the hearing. I understand this may result in me having a shorter time to consider the appeal papers.**

**Signed** \_\_\_\_\_**Date** \_\_\_\_\_

You will not lose your right of appeal if you change your mind.

**Your Appeal**

Please give your grounds of appeal for a place at St. Anne's for your daughter. Include your family's religion if you wish. Continue on separate sheets if you need more space or attach a separate word processed sheet. The information you provide here will be given to the Independent Appeal Panel along with any supporting information you send in.

**Signed** \_\_\_\_\_**Date** \_\_\_\_\_

If you have any supporting information or evidence, please send it in with this form or as soon as you can.

**Please return your completed form by 18<sup>th</sup> April 2018 to the address below.** We will acknowledge it within 10 days of receipt. You are welcome to contact us if you have any queries.

Clerk to the Appeals Committee  
c/o The Governing Body  
St Anne's Catholic High School for Girls (Upper)  
6 Oakthorpe Rd, London. N13 5TY

**Telephone** 020 8886 2165 (Option 3)  
**Email** [admin@st-annes.enfield.sch.uk](mailto:admin@st-annes.enfield.sch.uk)