**St Mark’s Catholic School**

HEADTEACHER: MS A. WAUGH-LUCAS

BA (Hons), MA, NPQH, PQSI



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**SCHOOL ADMISSION APPEALS REGISTRATION FORM FOR SECONDARY TRANSFER**

**Please complete this form if you wish to appeal for a place for your child at St Mark’s Catholic School. Your appeal will be heard by an Appeals Panel who are totally independent of the Admissions Authority and have had no involvement with any decision made to date about your child.**

To ensure your appeal is heard as soon as possible, please return this form to

**Admissions Appeals Clerk, St Mark’s Catholic School, 106 Bath Road, Hounslow TW3 3EJ**

**PLEASE PRINT CLEARLY IN BLACK INK AND COMPLETE ALL SECTIONS**

1. Child’s

Forenames:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname/Family Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Current School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Present School (**if not currently in School please state last school attended**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please give your contact details:

Title: **Mr, Ms, Miss, Mrs, Dr (Please delete as necessary)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Contact Telephone Number: (Home/Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to appeal against the decision not to offer my child a place at St Mark’s Catholic School. Please tick as appropriate:

8. I agree to my appeal being decided by the Independent Appeals Panel on the basis of written statements only (I will not be attending the appeal hearing). My written statement is set out below:

9. Please state whether you will be attending the appeal hearing.

Yes (tick) \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ (tick)

10. I wish to be accompanied by a friend/adviser. I wish my representative to put my case to the Appeal Panel. The name of my representative is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Do you require an interpreter at the hearing?

Yes (tick) \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ (tick)

**My reasons for appeal are:**

12. Your Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send this form to the Admission Appeals Clerk, St Mark’s Catholic School, 106 Bath Road, Hounslow TW3 3EJ.**

**If you have any queries about the appeal, please contact the School on 020 85773600 or email: staffroom@st-marks.hounslow.sch.uk**