

All Hallows Catholic College

A Voluntary Academy | National Support School | Specialists in Teacher Learning

Aspire not to have more but to be more

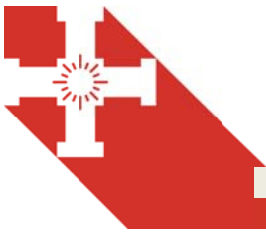


Appeal for Admission to All Hallows Catholic College

Please give as much detail as possible regarding your Appeal for Admission by answering the following questions:

1. Name of Child: Surname..... Forename(s).....
2. Child's Date of Birth: Day..... Month..... Year.....
3. School your child is currently attending / last school attended:
-
4. Appellant's Names (Parents, Guardian or Carer):
5. Current Address:
-
- Postcode:
6. Telephone: Home.....Work.....Mobile.....
7. Relationship of appellant to the child – Father / Mother / Guardian / Other – please specify
-
8. Address in Cheshire to which you are moving (if applicable)
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- Postcode: Date of Moving:
9. Is your child a baptised Catholic: Date of Baptism:
10. Is this child a Looked After Child e.g. In Foster Care? Yes..... No.....
11. Does your child have a Statement of Special Educational Needs? Yes..... No.....





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12. Do you have any other school aged children? If so please indicate their names, ages and schools they attend:

Name	Date of Birth	Name of Present School
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.....

13. Please state your reasons for seeking a place at this school e.g. moving into area / domestic arrangements etc

If you are stating medical, psychological or social reasons please ensure that professional evidence is attached e.g. letter from a Doctor stating the medical reasons which require your child to attend here

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Please continue on a separate sheet if necessary.

Declaration: I wish to appeal against the decision not to allocate a place for my child at All Hallows Catholic College.

Signed: Date:

Name in Capitals:

Please return together with any supporting documentation to:

Mrs P Metheringham
 Principal's PA
 All Hallows Catholic College
 Brooklands Avenue
 Macclesfield
 SK11 8LB

