CAMDEN SCHOOL FOR GIRLS 2024

APPEAL AGAINST SECONDARY TRANSFER ADMISSION DECISION

PLEASE COMPLETE BOTH PAGES OF THIS FORM

Child		
First name:		Surname:
Date of birth: _		
School attende	ed and address:	-
		Tel No:
Parent / Guard	lian	
Title:	First name:	Surname:
Address:		
Tel No Day:		Evening:
Email:		
Looked Sibling Excepti	after / Previously Looke onal Medical or Social N I Aptitude and/or Ability	
Camden Schoog guidance (con	ol for Girls. Please refer tinue on a separate sh	ish to appeal against the decision refusing your child admission to the admission appeal advice available on the school's website eet if needed). If you are appealing under a different admissic ication, you should explain why.

PLEASE COMPLETE BOTH PAGES OF THIS FORM

Please tick the following as appropriate:	
I wish to attend the appeal in person.	
I do not wish to attend the appeal and vanel.	would like my appeal in writing to be considered by the
If you wish to be accompanied to the hearing, with you and the capacity in which they will at	please provide the name/s of the person/s who will come tend:
If you require an interpreter*, please indicate v	which language:
	If you can bring a family member or friend to interpret for you, you are welcome niment and only fill in the interpreter section if absolutely necessary.
Signature:	Date:
This form and any supporting documents must	be returned to:
Ms Duska Cutler	

Appeals Administrator
Camden School for Girls
Sandall Road
London NW5 2DB

Or by email to dcutler@csg.school