

CAMDEN SCHOOL FOR GIRLS 2024

Appeal against Admission Decision - 6th Form

Please complete both pages of this form

Student

First name: _____ Surname: _____

Date of birth: _____

Secondary School attended and address: _____

_____ Tel No: _____

Parent/Guardian

Title: _____ First name: _____ Surname: _____

Address: _____

Tel No Day: _____ Evening: _____

Email: _____

<p>Which admissions criterion you applied for a sixth form place at Camden School for Girls?</p> <table style="width: 100%;"><tr><td style="width: 30px; text-align: center;"><input type="checkbox"/></td><td>Looked after / Previously Looked After Child</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Sibling</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Exceptional Medical or Social Need</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Distance</td></tr></table>	<input type="checkbox"/>	Looked after / Previously Looked After Child	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Exceptional Medical or Social Need	<input type="checkbox"/>	Distance	<p>Preferred A' Level choices</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
<input type="checkbox"/>	Looked after / Previously Looked After Child								
<input type="checkbox"/>	Sibling								
<input type="checkbox"/>	Exceptional Medical or Social Need								
<input type="checkbox"/>	Distance								

Please state clearly the reason you wish to appeal against the decision refusing a place at the sixth form of Camden School for Girls. Please refer to the admission appeal advice available on the school's website for guidance (continue on a separate sheet if needed).

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 would like my appeal in writing to be considered by the Panel

If you wish to be accompanied to the hearing, please provide the name of the person who will come with you and the capacity in which they will attend.

If you require an interpreter, please indicate which language: _____

*Appeals will be heard during the week commencing
16 September 2024*

Please indicate if you are unavailable on one of these days: _____

Signature: _____ Date: _____

Please indicate if you are unavailable on one of these days: _____

Declaration and Signature of Parent/Carer

- Having been refused a place at the school, I wish to exercise my right of appeal under the School Standards & Framework Act 1988. I certify that I am the person with parental responsibility for the child named overleaf and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.
- I agree for my data to be stored electronically and to be contacted by post, email and telephone.
- I enclose two household bills with proof of address dated within the last three months, eg. Council Tax, bank statement, rent book, telephone bill, water bill. *(external applicants only)*

Signature: _____ Date: _____

This form and any supporting documents must be returned by Friday 30 August 2024 at the latest to:

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

Or by email to dcutler@csg.school