QUEEN MARY’S SCHOOLS

APPEAL FORM

**QUEEN MARY’S GRAMMAR SCHOOL Appeals** **(entry September 2019)**

**Name of Child** (in full):

Date of Birth:

Address:

E-mail (if available):

[*If an email address is provided, this will be the preferred method of contact, and by signing this form, you consent to this*.]

Parents’/Guardians’ names (in full):

Present School:

Home telephone no:

Mobile telephone no:

**Grounds for Appeal**: *[You should set out here your reasons for the appeal]*

(continue overleaf or on additional sheets if necessary)

I wish to appeal on behalf of my child. I confirm that I have read and understand the Frequently Asked Questions.

I agree that the information contained on this form and any enclosures will be retained and used by the Clerk for the purposes of an appeal and will be sent to the independent appeal clerk and the appeal panel. (The material will be retained securely for 2 years by the school as required by the Admission Appeals Code.)

Signed: ………………………………………………………………………………….Parent/Guardian

Date:

**THIS FORM MUST BE COMPLETED AND RETURNED TO:**

**Mr. D Milne, Clerk to the Governors, Queen Mary’s Schools, Whitehouse Ridsdale,**

**26 Birmingham Road, Walsall, WS1 2LZ**

**Email: clerk@qmfoundation.org**

**­­The closing date for receiving appeals is 3.00 p.m. THURSDAY 28 MARCH 2019**

**You may submit additional material if you wish.**

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**Tick if any documents are enclosed:**