



Richard Challoner School

Headmaster: Mr S. Maher BA (Hons.) PGCE

020 8330 5947

www.richardchalloner.com

NOTIFICATION OF AN APPEAL AGAINST A DECISION BY THE GOVERNORS NOT TO OFFER A PLACE AT RICHARD CHALLONER SCHOOL

Child's Forename(s)			
Child's Surname			
Child's Date of Birth			
Child's Home Address			
Forename & Surname of Parent or Guardian			
Parent or Guardian relationship to child <i>(please tick)</i>	Parent	Guardian	Other <i>(please state)</i>
Parent or Guardian email address			
Parent or Guardian home telephone number			
Parent or Guardian mobile telephone number			
Home Address of Parent or Guardian <i>(if different from Child's)</i>			
Parent or Guardian - Do you agree for the hearing to be conducted virtually? <i>(please tick)</i>	Yes	No	
Please provide the name and capacity of any other person(s) who will be present with you at the appeal <i>(eg. Parent/Guardian/Friend) (if applicable)</i>			

- NOTES:**
- 1 Please complete your statement as clearly and as briefly as possible
 - 2 The last page of your statement should be signed and dated
 - 3 Your statement may be continued on separate sheets which should be numbered and securely attached
 - 4 Copies of any reports you wish to submit to the Appeals Panel, ie. school reports, medical evidence, correspondence, etc, should also be attached, together with any other enclosures
 - 5 Please inform us in advance if you will have an interpreter

"Doing ordinary things extraordinarily well" – The Venerable Richard Challoner

PARENT / GUARDIAN STATEMENT

Please Note:	The Appeals Code states that you MUST give your reasons when lodging your appeal. Please ensure to include why you believe that your son's needs can only be met by attending this school. If you do not give your grounds, this form will not be accepted
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I wish to appeal against the decision of the Governing Body of Richard Challoner School not to offer a place and my reasons for the appeal are as follows:

Declaration and Signature of Parent/Guardian

- I agree for my data to be stored electronically and to be contacted by post, email and telephone
- I agree to copies of paperwork submitted to be sent to panel members and the school
- 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

Forename & Surname of Parent or Guardian and relationship to Child	
Signature	
Date	

THIS FORM AND ANY SUPPORTING DOCUMENTATION SHOULD BE COMPLETED AND RETURNED to:

The Admissions Appeal Clerk
c/o Richard Challoner School
Manor Drive North, New Malden, Surrey KT3 5PE
Telephone: 020 8330 5947
Email: admissions@challoner.kingston.sch.uk
www.richardchalloner.com

by no later than 12pm on Thursday 6th April (closing date)