

**CAMS HILL SCHOOL**

**APPEAL AGAINST NON-ADMISSION TO CAMS HILL SCHOOL**

**YEAR 7 ENTRY SEPTEMBER 2019**

**Governors' Pastoral Committee Clerical and Administrative Check**

Your reasons for the appeal. Please include the Medical, Social, Change of Address or Educational reasons why you want your child admitted to the requested school. This appeal is against the decision to refuse your application for a place at the school(s). In order for your appeal to go ahead you must have been notified of that refusal in writing. It is helpful if you can include with this form a copy of the letter or email notifying you that admission has been refused.

**Child's Name: …………………………………………………………………………………………… Date of Birth: ………………………………………..**

Signature of Parent/Carer: ………………………………………………………………………………. Date: ………………………………………………