



# All Hallows Catholic College

A Voluntary Academy

*Aspire not to have more but to be more*

Brooklands Avenue, Macclesfield, Cheshire SK11 8LB | Telephone: 01625 426138 | admin@allhallows.org.uk | www.allhallows.org.uk

Principal - Mr T Beesley

## Appeal for Admission to All Hallows Catholic College

Please give as much detail as possible regarding your Appeal for Admission by answering the following questions:

1. Name of Child: Surname..... Forename(s).....
2. Child's Date of Birth: Day..... Month..... Year.....
3. School your child is currently attending / last school attended: .....
- .....
4. Appellant's Names (Parents, Guardian or Carer): .....
5. Current Address: .....
- .....
- Postcode: .....
6. Telephone: Home.....Work.....Mobile.....
7. Relationship of appellant to the child – Father / Mother / Guardian / Other – please specify.  
.....
8. Address in Cheshire to which you are moving (if applicable) .....
- .....
- Postcode: ..... Date of Moving: .....
9. Is your child a baptised Catholic: ..... Date of Baptism: .....
10. Is this child a Looked After Child e.g. In Foster Care? Yes..... No.....
11. Does your child have a Statement of Special Educational Needs? Yes..... No.....



Honourable Purpose



Respect



Compassion



Co-operation



Stewardship



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12. Do you have any other school aged children? If so please indicate their names, ages and schools they attend:

Name

Date of Birth

Name of Present School

|       |       |       |
|-------|-------|-------|
| ..... | ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |

13. Please state your reasons for seeking a place at this school e.g., moving into area / domestic arrangements etc

If you are stating medical, psychological or social reasons please ensure that professional evidence is attached e.g., letter from a Doctor stating the medical reasons which require your child to attend here

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Please continue onto a separate sheet if necessary.

**Declaration:** I wish to appeal against the decision not to allocate a place for my child at All Hallows Catholic College.

Signed: ..... Date: .....

Name in Capitals: .....

Please return together with any supporting documentation to:

Mrs A Costanda  
 College Administrator  
 All Hallows Catholic College  
 Brooklands Avenue  
 Macclesfield  
 SK11 8LB



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