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: HomeWorkWork				
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	11. Does your child have a Statement of Special Educational Needs? Yes No				



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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

Please continue on a separate sheet if necessary.

SPOR

Respect

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









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