



# GUNNERSBURY CATHOLIC SCHOOL

The Ride, Boston Manor Road, Brentford, Middlesex TW8 9LB  
Telephone: 020 8568 7281 [www.gunnersbury.com](http://www.gunnersbury.com)

Mr Kevin S Burke, MA: Headteacher

## SCHOOL ADMISSION APPEALS REGISTRATION FORM FOR SECONDARY TRANSFER

Please complete this form if you wish to appeal for a place for your child at Gunnersbury Catholic School. Your appeal will be heard by an Appeals Panel who are totally independent of the Admissions Authority and have had no involvement with any decision made to date about your child.

To ensure your appeal is heard as soon as possible,  
please return this form by **Tuesday 16 April, 2024** to:

**The Admissions Appeals Clerk, Gunnersbury Catholic School, The Ride,  
Boston Manor Road, TW8 9LB or [admissions@gunnersbury.hounslow.sch.uk](mailto:admissions@gunnersbury.hounslow.sch.uk)**

PLEASE PRINT CLEARLY IN BLACK INK AND COMPLETE ALL SECTIONS

1. Child's Forenames:		Surname/Family Name:	
2. Child's Date of Birth:		Current School Year:	

4. Home Address:	
Postcode:	
5. Present School (if not currently in School please state last school attended)	

6. Please give your contact details:			
Title: Mr, Mrs, Miss, Ms, Dr (Please delete as necessary)			
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Relation to Child:		Relation to Child:	
email		email	

7. Contact Telephone Number: (Home/Work):			
Mobile (1)		Mobile (2)	

I wish to appeal against the decision not to offer my child a place at Gunnersbury Catholic School.  
Please tick as appropriate:

8. Please state whether you will be attending the appeal hearing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. I wish to be accompanied by a friend/adviser.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. I wish for my friend/adviser to put my case to the Appeal Panel.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. The name of my adviser is:		
12. Do you require an interpreter at the hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please set out below the 'reasons for appeal' that you wish the Independent Appeal Panel to consider:**

13:Your Name: (Please print)		Signature:		Date:
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**If you have any queries about the appeal, please contact the School on 020 8568 7281 or email: [admissions@gunnersbury.hounslow.sch.uk](mailto:admissions@gunnersbury.hounslow.sch.uk)**