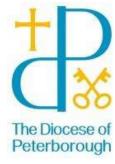
PETERBOROUGH DIOCESE BOARD OF EDUCATION





I wish to appeal against the decision of the Governing Body not to offer my cl	nild a place
atschool, to start	(date)
in Year (please bear in mind that admissio	n appeals can take 30
school days to arrange from receipt of this form into the education office)	
Name of Child	
Name of Child	
Date of Birth	
Name of Appellant (parent/guardian)	
Address	
Telephone Nos: (daytime/mobile)	
Email:	
Relationship to child	
Please tick :	
I wish to attend the appeal hearing (date and time will be advised):	
(If you are unable to attend, the appeal will be heard in your absence)	
I wish to be accompanied by a friend :	
Name	
Relationship	
Current or allocated school	
Signed	

Please use the reverse side of this form or attach a separate letter stating clearly the issues you wish the Appeal Panel to consider as well as any supplementary evidence you wish to rely on. Please read carefully the enclosed Guidance Notes.

Date

Reasons for Appeal:
PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE