PETERBOROUGH DIOCESE BOARD OF EDUCATION

**Please return form to DBE Appeals Administrator, Diocese of Peterborough, Bouverie Court, 6 The Lakes, Northampton NN4 7YD education@peterborough-diocese.org.uk**

**NOTICE OF APPEAL**

I wish to appeal the decision of the Governing Body not to offer my child a place at

……………………………………………school, to start ……………….……..……………….(date)

**Year Group (3-13**)……………………………………… *(please bear in mind that admission appeals can take 30 school days to arrange from receipt of this form into the education office)*

**Name of Child** (please underline family name)……….……………..……………………………..

**Date of Birth** ………………………..……………………………….…………..……………………

….

**Name of Appellant (parent/guardian)** ………………………………………..…………………..

Mr/Mrs/Miss/ Revd/Dr

**Address** ………………………………………………………………………………………………

………………………………………………………………………………………….………………

**Telephone Nos:** (daytime/mobile) ……………………………………………….………………..

**Email:** …………………………………………………………………………………………………

**Relationship to Child** …………………………………………………………….….....................

**Your appeal will be held remotely**

**Please tick:**

**I wish to be present at 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** ……………………………………………………………..………………………….

If you wish to be present at the appeal and you require support to access this process (either with technology or due to a disability or disadvantage) please state your specific needs:

…………………………………………………………………………………..……………………..

**Current or allocated school** ………………………………………………..…………………….

 **Signed** ……………………………………………………………………….….…………………..

 **Date** ……………………………………………………………………………….…………………

**Reasons for appeal:**

**PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE**