

Peterborough Diocese Board of Education



NOTICE OF APPEAL

Please return this form to:
Appeals Administrator, Diocesan Board of Education
Bouverie Court, 6 The Lakes, Bedford Road
Northampton NN4 7YD
education@peterborough-diocese.org.uk

I wish to appeal ago	ainst the de	ecision not to offer	my child a place	at RA in Year	
Please bear in mind	that admis	ssion appeals can	take 30 school d	ays to arrange fr	om
receipt of this form in	nto the Dio	cesan Board of Ec	lucation Office.		
Child's Surname:					
Child's Forename:					
Date of Birth:					
Gender:					
		<u>Appellant l</u>	<u>Details</u>		
Full Name of Appello	ant:				
(parent/guardian)					
Mr/Mrs/Miss/Revd/D	r:				
Relationship to child	:				
Address including Postcode:					
Home Telephone:					
Mobile Telephone:					
Email Address:					
Relationship to Child:					
I will / will not be atte	ending the	hearing: You will be	e advised of the date	e and time in advan	ce. If you
are unable to attend, the	e appeal will	be heard in your abse	nce.		
I wish to be accompanied by		Yes / No			
a friend:					
Name of Friend:					
Relationship:					
I have applied via N	•	•	•	, .	
(Appeals cannot be h www.northamptonshire.s	_	e an application has	been made. Fie	ase apply of mi	ie di
Date of Application			Application		
			reference:		
Child's Current Scho		na application:			
School Offered by N	IUU TOIIOWI	ng application:			

Reason For Appeal
(Please use this box to state clearly the issues you wish the Appeal Panel to consider as well as any supplementary evidence you wish to rely on. Please use additional sheets if necessary).