

PETERBOROUGH DIOCESE BOARD OF EDUCATION

Appeals Administrator, Diocesan Board of Education  
Bouverie Court, 6 The Lakes, Bedford Road  
Northampton NN4 7YD  
**NOTICE OF APPEAL**



I wish to appeal against the decision of the Governing Body not to offer my child a place at .....school, to start .....(date)  
in Year ..... (*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** .....

**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** .....

**Date** .....

**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.**

**Reasons for Appeal :**