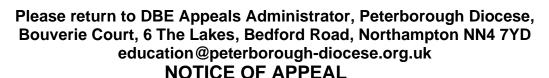
PETERBOROUGH DIOCESE BOARD OF EDUCATION





I wish to appeal against the dec	cision of the Governing Body not to of	ffer my child a place
	school, to start	, ,
in Year	(please bear in mind that	admission appeals can take 30
school days to arrange from re-	ceipt of this form into the education of	ffice)
Name of Child(please underline family na	ime)	
Date of Birth		
Name of Appellant (paren Mr/Mrs/Miss/ Revd/Dr	nt/guardian)	
Address		
Telephone Nos: (daytime/	mobile)	
Email:		
Relationship to child		
Please tick :	al hearing (date and time will be advise	o d).
	appeal will be heard in your absence)	ed).
I wish to be accompanied	l by a friend :	
Name		
Relationship		
Current or allocated school	ol	
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.

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