PETERBOROUGH DIOCESE BOARD OF EDUCATION

ADMIN USE

Year group: \_\_\_

Year of entry:

\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE OF APPEAL**

**Please return this form (preferably by email) to: Appeals Administrator,**

**Diocesan Board of Education, Bouverie Court, 6 The Lakes, Northampton NN4 7YD education@peterborough-diocese.org.uk**

I wish to appeal against the decision of the Governing body not to offer my child a place at Caroline Chisholm School, to start **Please choose a date** in Year **Year Group.**

*Please bear in mind that admission appeals take 30 school days to arrange from receipt of this form into the education office. Please do not return this form to the school.*

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| **Child’s Details** | |
| **Surname:** Child’s Surname | **Date of Birth:** Date of Birth |
| **Forename:** Child’s Forename | **Gender:** Male/Female |

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| **Appellant Details** | | | | | | | | | |
| **Title:** Mr/Mrs etc. | | **Relationship:** Relationship | | | | | | | |
| **Forename:** Your Forename | | | | **Surname:** Your Surname | | | | | |
| **Home Address including postcode:**  Home address and postcode  Home address and postcode  Home address and postcode  Home address and postcode | | | | | | | | | |
| **I confirm this is the child’s home address: (Please check box)**  *If not, please enter the child’s address here:*  Child’s home address and postcode  Child’s home address and postcode  Child’s home address and postcode  Child’s home address and postcode | | | | | | | | | |
| **E-mail:** | E-mail. | | | | | | | | |
| **Home Telephone:** | Home Phone No. | | | | | | | | |
| **Mobile Telephone:** | Mobile Phone No. | | | | | | | | |
| **Your appeal will be heard remotely. Will you be attending the appeal hearing?** | | | | | | | | | Yes/No |
| *If you are attending the hearing and require support to access this process (either with technology or due to a disability or disadvantage) please state your specific needs:* | | | | | | | | | |
| **I wish to be accompanied by a friend:** | | | **Name:** | | Name | | | | |
| **Relationship:** | | Relationship | | | | |
| **I have made an application for a place in this year group:** *Appeals cannot be heard before an application has been made. Please visit*  [Caroline Chisholm School - Admissions (ccs.northants.sch.uk)](https://www.ccs.northants.sch.uk/admissions) *for further information.* | | | | | | | | Yes/No | |
| **Date of application:** | Application Date | | | | |
| **Child’s Current School:** | | Current School | | | | | | | |
| **Any alternative school offered by local authority:** | | | | | | | Offered School | | |

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| **Reasons For Appeal.** *Please state clearly your reasons for appeal and include supporting evidence where necessary. Please read carefully the ‘Notes for Guidance’ sheet included with this form.* |
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| **Signed:** Your name | **Date:** Date |