



**In-Year Admissions
NOTICE OF APPEAL**

Please return the completed form to:

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

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

(Please bear in mind that the 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 :