



**HOLY FAMILY CATHOLIC PRIMARY SCHOOL
EDUCATION ACT 1998 – NOTICE of APPEAL**

**TO BE COMPLETED BY PARENT OR CARER AND RETURNED TO THE CHAIR OF GOVERNORS,
HOLY FAMILY CATHOLIC PRIMARY SCHOOL, HIGH STREET, LANGLEY, BERKSHIRE, SL3 8NF**

**This form must be returned not later than 17th May 2019
Please read the school's admission criteria before completing this form.**

Child's full name: Date of birth:

Parent/Carers name:

Parent/Carers home address:

.....

Telephone Numbers: Day: Evening:

My child currently attends: School.

APPEAL STATEMENT

**I WISH TO APPEAL AGAINST THE DECISION NOT TO OFFER MY CHILD A PLACE IN
HOLY FAMILY CATHOLIC PRIMARY SCHOOL. MY REASONS FOR APPEAL ARE SET OUT
OVERLEAF.**

- I *do/do not wish to attend the meeting of the Appeal Hearing
- I am not available on the following dates:
- I* do/do not wish to bring a friend/adviser (if you wish to bring someone, please say who they will be):

Name :

Address:

Telephone No: Day: Evening:

I will require an interpreter to attend the hearing (please state which language)_____

*Please delete as appropriate

Signed: Date:
(Parent/Carer)

**Please return this form to:
Holy Family Catholic Primary School, High Street, Langley, Berkshire, SL3 8NF**

