



**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 15<sup>th</sup> May 2020  
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**

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WRITTEN STATEMENT IN SUPPORT OF APPEAL OR OUTLINE OF CASE I / MY REPRESENTATIVE WILL  
PRESENT TO THE APPEAL PANEL.

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Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_