



St Peter's High School

St Peter's Catholic High School and Sixth Form Centre
Stroud Road Tuffley Gloucester GL4 0DD

www.stpetershigh.net

enquiries@sphs.uk.com

High School Tel: 01452 520594 Sixth Form Centre Tel: 01452 509249

REQUEST FOR AN APPEAL AGAINST NON-ADMISSION

INTO YEAR 7 AT ST PETER'S HIGH SCHOOL IN SEPTEMBER 2024

Please complete and return.

This form should only be used to appeal for St Peter's High School and Sixth Form Centre.

The admission appeal paperwork will be sent to Parent / Carer 1. If you require another copy to be sent to Parent / Carer 2 at a different address, please specify below.

Student's Full Name			
Current or Previous School			
Date of Birth	<i>Please tick box</i>		
	Male	<input type="checkbox"/>	Female <input type="checkbox"/>

NAME OF PARENT / CARER 1	Delete as required: Mr / Mrs / Miss / Ms / Other:	
Address and Post Code		
Contact Phone Number		
E-mail address (please print)		

NAME OF PARENT / CARER 2	Delete as required: Mr / Mrs / Miss / Ms / Other:	
Address and Post Code		
Contact Phone Number		
E-mail address (please print)		
Admission Appeal Paperwork request	If parent / carer 2 requires a copy of the paperwork, please specify below Post <input type="checkbox"/> OR Email <input type="checkbox"/>	

School allocated for September 2024	
Other schools you have appealed for (in order of preference)	
Is your child in the care of the Local Authority or a previously looked after child?	<p style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </p>
Does your child have an Education, Health and Care Plan (EHCP)?	<p style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </p>
I/We will be calling a witness/witnesses	<p style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </p>
I/We wish to attend and speak when the appeal is considered	<p style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </p>

Reasons for Preference/Grounds for Appeal: *(If these include medical or psychological reasons you may provide supporting written evidence from a doctor/specialist. On receipt of written evidence, the Governing Body may seek comments from independent advisors.)*

Please continue overleaf

Please continue on a separate sheet if necessary. Number of sheets attached

Name of Parent/Carer 1	
Signature of Parent/Carer 1	
Date	

Name of Parent/Carer 2	
Signature of Parent/Carer 2	
Date	

Please return this form by the deadline to Dan Slater, Admissions Officer, St Peter's Catholic High School, Stroud Road, Tuffley, Gloucester, GL4 0DD - or email to dslater@sphs.uk.com