



# 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

## IN-YEAR REQUEST FOR AN APPEAL AGAINST NON-ADMISSION

### INTO ST PETER'S HIGH SCHOOL

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

**Please complete and return.**

The admission appeal paperwork will be sent to both addresses listed below.

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

<b>NAME OF PARENT/CARER 1</b>	<b>Title</b> Mr / Mrs / Ms / Miss / Other	
<b>Address and Post Code</b>		
<b>Contact Phone Number</b>		
<b>E-mail address (please print)</b>		

<b>NAME OF PARENT/CARER 2</b>	<b>Title</b> Mr / Mrs / Ms / Miss / Other	
<b>Address and Post Code</b>		
<b>Contact Phone Number</b>		
<b>E-mail address (please print)</b>		

<b>Is your child in the care of the Local Authority or a previously looked after child?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Has your child an Education, Health and Care Plan (EHCP)?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>I/We will be calling a witness/witnesses</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>I/We wish to attend and speak when the appeal is considered</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**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*

<b>Name of Parent/Carer 1</b>	
<b>Signature of Parent/Carer 1</b>	
<b>Date</b>	

<b>Name of Parent/Carer 2</b>	
<b>Signature of Parent/Carer 2</b>	
<b>Date</b>	

*Please return this form to Dan Slater, Admissions Officer, St Peter's Catholic High School, Stroud Road, Tuffley, Gloucester, GL4 0DD - or email to [dslater@sphs.uk.com](mailto:dslater@sphs.uk.com)*