



# 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 2026**

**Please complete and return.**

**Deadline for completion is Monday 11 May 2026 at 9:00am**

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.

<b>Student's Full Name</b>			
<b>Current or Previous School</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>Please circle: Mr / Mrs / Miss / Ms / Other:</b>	
<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>Please circle: Mr / Mrs / Miss / Ms / Other:</b>	
<b>Address and Post Code</b>		
<b>Contact Phone Number</b>		
<b>E-mail address (please print)</b>		

Has your child been allocated a school for September 2026?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' has been ticked, please specify which school has been allocated to your child.		
Have you accepted the allocated school for your child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please list your secondary school preferences made to the Local Authority (in order of preference)	1. 2. 3. 4. 5.	
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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your child have an Education, Health and Care Plan (EHCP)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I/We will be calling a witness/witnesses	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I/We wish to attend and speak when the appeal is considered	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Reasons for Preference/Grounds for Appeal:</b> <i>(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.)</i>		

*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 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](mailto:dslater@sphs.uk.com)*