



St. Peter's Church of England Primary School
Old Church Road, Harborne, Birmingham B17 0BE



Head teacher - Mrs. E. Murphy

0121 464 2128 infants

0121 464 2126 juniors

www.st-petersce.co.uk

e-mail: enquiry@st-petersce.bham.sch.uk

Chair of Governors – Mr Mike Down

NOTICE OF APPEAL AGAINST DECISION

NAME OF CHILD:	Is your child attending school now?
Gender: M/F	If YES please state which school:
HOME ADDRESS:	If NO please state last date of attendance at school:
EMAIL ADDRESS: <i>(essential so that we can send you the meeting link)</i>	Have you recently moved into the area?
Telephone Number:	If YES please state the date:
Child's Date of Birth:	
AGE:	

Have you any other children attending this school now? If so, please state their name(s) and date of birth:

Name: _____ **Date of birth:** _____

Name: _____ **Date of birth:** _____

Reason for appeal (you must give written reasons).
(continue overleaf and/or on another sheet as necessary)

Continued overleaf

IMPORTANT The new Admissions Appeals Code 2022 gives Admission Authorities flexibility as to how appeal hearings are held. We may continue to hold appeals remotely via the **Zoom** video-conferencing platform. Please DO NOT go to the school or the church of England Birmingham offices for your appeal hearing, unless specifically advised to do so.

You may attend the appeal personally *online* and bring a friend/representative with you to assist in the presentation of your case. If you are unable to attend, or do not wish to, the appeal may be heard on the basis of the written evidence.

Do you have access to Zoom video-conferencing? Yes / No

Do you agree to accept less than 10 school days' notice of the appeal hearing date? Yes / No

Will you come to the appeal? Yes / No

Will you bring someone with you? Yes / No

If you have said yes, please state their name and relationship to you (eg parent/friend):

.....

If attending, will you need a translator? Yes / No

If you have said Yes, please state which language:

Will you need any other special arrangements at the hearing? Yes / No
(eg access requirements/hearing loop)

If you have said Yes, please state what you will need:

.....

Your details:

[Title] Dr/ Mr/ Mrs/ Ms/ other

[Please write or type your full name clearly in capital letters]

.....

Please state your Relationship **to the child (eg mother/father/legal guardian):**

.....
I wish to appeal against the refusal of a place for the child in Year Group

at [*name of school*]

Please find here the link to the Birmingham Diocesan Board of Finance Privacy Notice which informs you how your personal data will be handled during the course of your appeal: <https://www.cofebirmingham.com/privacy-notice>

Parent/guardian signature: **Date:**

Please return this form to the Chair of the Local Academy Board/Chair of Governors at the school address above.

Through the teachings of God we
Love Others Value Everyone