

**FORM OF APPEAL**  
**Goring Primary School**

Name of Child .....

Date of birth .....

Term for which appeal is being made .....

Name/s of Parent or Guardian .....

Address .....

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Tel Number: Home .....

Work .....

I have been informed by the Chair of Governors/Chair of Admissions Authority of the above School that a place will not be available for my child in his/her term of entry.

**I would like to appeal against the Governors' decision.**

My reasons are as follows:

Signed .....(Parent/Guardian)

Date .....