

**ST PETER'S CATHOLIC SCHOOL**

**ACADEMY STATUS AND MULTI-ACADEMY TRUST CONSULTATION RESPONSE FORM**

<b>Date of completion of form:</b>			
<b>Name of person responding (optional):</b>			
<b>If parent(s)/carer(s), how many of your children attend the SCHOOL? (optional):</b>			
Please indicate the reason for your interest in the Academy/MAT Consultation:			
<input type="checkbox"/>	Parent/Carer of student(s)	<input type="checkbox"/>	Student
<input type="checkbox"/>	Parent/Carer of prospective future student	<input type="checkbox"/>	Former student
<input type="checkbox"/>	Member of school staff	<input type="checkbox"/>	Member of local community
<input type="checkbox"/>	Local Authority employee: (Surrey) CC)		
<input type="checkbox"/>	Member of local Catholic parish		
<input type="checkbox"/>	Other (please specify)		
Please indicate your response by ticking the box next to the appropriate statement below:			
<input type="checkbox"/>	I support the proposal to convert to academy status and to join the Xavier Catholic Education Multi-Academy Trust		
<input type="checkbox"/>	I do not support the proposal to convert to academy status and to join the Xavier Catholic		
Additional comments, if required. Please comment in the space below on the proposal to convert to academy status and to join the Xavier Catholic Education Multi-Academy Trust. Please continue over the page if necessary.			

**Thank you for your response. Please hand in your completed paper response by Friday 15<sup>th</sup> February 2019 to School Reception.**