

## **IMPORTANT: PLEASE COMPLETE IN BLACK INK**

PREFERRED SCHOOL												
REQUESTED DA	TE OF ADM	ISSIO	N									
PUPIL'S DETAILS	3											
PUPIL'S SURNAME						DATE OF BIRTH			DAY	MONTH	YEAR	
PUPIL'S FIRST NAME(S)										MALE	/ FEMAI	_E*
PUPIL'S HOME ADDRESS										1		
		POSTCODE										
PRESENT SCHOOL												
PARENT/GUARD	IAN'S DETA	ILS										
TITLE	FIRST NAM					SURNAME						
RELATIONSHIP 1												
HOME ADDRESS (IF DIFFERENT FROM CHILD'S - We'll use this address to write to you if different to child's address)		POS	STCOI	DE								
HOME <b></b>		WORK 2							MOBILE 2			
EMAIL ADDRESS												
DO YOU WAIVE If you waive you earlier. Legally waive that right DO YOU WISH TO WHAT IS YOUR I	our right to 7, you shoul t. O BE PRES	10 sch d rece SENT	hool ceive 1  AT 1  AY 0	lays' no l 0 scho THE HE	otice this of days  EARING	s may notice ? YI	y mea ce of y ES/NC	n we ard your app )* ARING?	oeal date,	unless y	ou choo	ose to
ARE THERE AN' tick appropriate			ONS	THAT	WOUL	) AL	SO BI	E SUITA	ABLE FO	R YOU	?	

Face to face at County Hall, West Bridgford Video call using Microsoft Teams Not attending

• Please	te if you have a preference on the time of day: morning / afternoon	
	vailablegh every effort will be made, it may not be possible to comply)	
<ul> <li>Will yo</li> </ul>	e accompanied by a friend, supporter or professional representative? Y equire the services of an interpreter? YES/NO* ase tell us which language you require?	'ES/NO*
y 00,		(*Delete as appropriat
	REASONS FOR APPEAL	
(Continue	a separate sheet if necessary)	
Date	Signature	
	should be fully completed and sent by post to Democratic Services, No ouncil, County Hall, West Bridgford, Nottingham, NG2 7QP, or by email t	

(2) This appeal form will be acknowledged on receipt. If you do not receive any letter within 2 weeks, please contact the Education Appeals Team on 0300 500 80 80.

education.appeals@nottscc.gov.uk. Remember to attach any supporting information you have.