

APPEAL AGAINST AN ADMISSION DECISION



IMPORTANT: PLEASE COMPLETE IN BLACK INK

PREFERRED SCHOOL	
REQUESTED DATE OF ADMISSION	

PUPIL'S DETAILS

PUPIL'S SURNAME		DATE OF BIRTH	DAY	MONTH	YEAR
PUPIL'S FIRST NAME(S)				MALE / FEMALE*	
PUPIL'S HOME ADDRESS	POSTCODE				
PRESENT SCHOOL					

PARENT/GUARDIAN'S DETAILS

TITLE	FIRST NAME	SURNAME			
RELATIONSHIP TO CHILD					
HOME ADDRESS (IF DIFFERENT FROM CHILD'S - We'll use this address to write to you if different to child's address)	POSTCODE				
HOME ☎	WORK ☎		MOBILE ☎		
EMAIL ADDRESS					

- **DO YOU WAIVE YOUR RIGHT TO 10 SCHOOL DAYS' NOTICE? YES/NO***

