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| **FOR OFFICE USE ONLY:**  |
| **DATE RECEIVED** | **SCHOOL** | **REF No.** | **YEAR** |

APPEAL AGAINST AN ADMISSION DECISION

|  |  |
| --- | --- |
| 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 (IFDIFFERENT FROM CHILD'S)POSTCODE |  |
| HOME ( | EMAIL | MOBILE ( |
|  |  |  |

DO YOU WISH TO ATTEND WHERE POSSIBLE THE APPEAL COMMITTEE IN PERSON? YES/NO\*

* Will you be accompanied by a friend, supporter or professional representative? YES/NO\*
* Will you require the services of an interpreter? YES/NO\*
* If yes, please tell us which language you require? ……………………………………………

(\**Delete as appropriate*)

**REASONS FOR APPEAL**

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**(Continue on a separate sheet if necessary)**

Date Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT: PLEASE COMPLETE IN BLACK INK**

**(1) This form should be fully completed and sent by post to the Admissions Appeals, Flying High Trust, Unit 2A Vickery Way, NG9 6RY or by email to** **appeals@flyinghightrust.co.uk** **. Please return your form within 28 days of the date of the letter notifying you of the decision to refuse admission to the preferred school.**

**(2) This appeal form will be acknowledged on receipt. If you do not receive a letter/email within 10 days, please contact the Flying High Trust on 0115 989 1915.**