



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

## APPEAL AGAINST AN ADMISSION DECISION

PREFERRED SCHOOL			
REQUESTED DATE OF ADMISSION		YEAR GROUP OF PUPIL	

### *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)					
POSTCODE					
HOME ☎	EMAIL			MOBILE ☎	

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

- Please state most convenient time of day for you to attend:-.....am .....pm
- Dates unavailable to attend.....

**(Although every effort will be made, it may not be possible to comply)**

- 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, 2a Vickery Way, Chilwell, Nottingham NG9 6RY or by email to [info@flyinghightrust.co.uk](mailto:info@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.