



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*

If you waive your right to 10 school days' notice this may mean we are able to hear your appeal earlier. Legally, you should receive 10 school days' notice of your appeal date, unless you choose to waive that right.

DO YOU WISH TO BE PRESENT AT THE HEARING? YES/NO*

- Please state if you have a preference on the time of day:- morning / afternoon
- Dates unavailable.....
(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

(Continue on a separate sheet if necessary)

Date _____ Signature _____

- (1) This form should be fully completed and sent by post to Democratic Services, Nottinghamshire County Council, County Hall, West Bridgford, Nottingham, NG2 7QP, or by email to education.appeals@nottscc.gov.uk. Remember to attach any supporting information you have.
- (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.