

FOR OFFICE USE ONLY:

DATE RECEIVED	AREA	REF No.	YEAR GROUP
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TOOTH HILL
SCHOOL

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 (IF DIFFERENT FROM CHILD'S)	POSTCODE	
HOME ☎	WORK ☎	MOBILE ☎

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

Legally, we have to give you 10 school days' notice of your appeal date. As this is school days, rather than calendar dates, this can mean a long wait for your appeal around half term or the end of term. If you waive your right to 10 school days' notice this may mean we are able to hear your appeal earlier.

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

- Please state most convenient time of day for you to attend:-.....ampm

- 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

(Continue on a separate sheet if necessary)

Date _____ Signature _____

IMPORTANT: PLEASE COMPLETE IN BLACK INK

- (1) This form should be fully completed and sent to the Policy, Performance and Corporate Services Dept, Democratic Services at County Hall, West Bridgford, Nottingham, NG2 7QP. Please return the 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 any letter within 10 days, please contact the Department on (0115) 977 2483 or 24 hour answer phone (0115) 977 3141.